

**GIRLS INC. FOCUS PROGRAM  
 PARTICIPANT APPLICATION**  
*Application Deadline: Wednesday, June 16, 2010*

Date received (m/d/yr): \_\_\_\_\_

Initials: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Do you live near a bus route? Yes No

Do you have a Driver's License? Yes No

If yes, what type? \_\_\_\_\_

Do you have a reliable vehicle? Yes No

Do you have any children? Yes No

Date of birth (m/d/yr): \_\_\_\_\_

Age: \_\_\_\_\_

Do you have a health card? Yes No

Do you have a S.I.N. card? Yes No

If yes, may we have the number?

S.I.N.: \_\_\_\_\_

If no, have you applied for one? Yes No

What is your first language?

English French Other

Are you legally entitled to work in Canada?

Yes No

Are you: a Canadian citizen

a Landed Immigrant

on a Work Permit

Other \_\_\_\_\_

Are you receiving service from any of the following?

Newcomer services

Regulatory bodies

Language/credential assessment

Housing services

Counselling services

Childcare

Financial planning

Other \_\_\_\_\_

SOURCE OF INCOME (check all that apply):

Ontario Works (OW)

Ontario Disability Support Program (ODSP)

Dependent of OW / ODSP

Workplace Safety & Insurance Board (WSIB)

In receipt of Employment Insurance (EI)

Other: Self Supporting

Parents/Spouse

Children's Aid Society

Ministry of Corrections

No Income

Have you applied for Employment Insurance in the past 52 weeks? Yes No

If yes, at which HRSDC office did you apply?

Is there a potential need for Special Training Supports?

Yes No

Specify: \_\_\_\_\_



<p>Where did you last have paid employment? _____</p> <p>When did you start there? (m/d/yr) _____</p> <p>When did you leave? (m/d/yr) _____</p> <p>How many hours per week did you work? _____</p> <p>Are you available to work weekends and/or evenings? Yes No</p> <p>If not, what hours are you available to work? _____</p> <p>What type of work most interests you? _____ _____ _____</p> <p>Are you currently registered in any upgrading or training program? Yes No</p> <p>If yes, please specify:              High school upgrading/equivalency              Literacy              ESL / ALF              Bridge training              Pre-apprenticeship              Other government training</p>	<p>What was the last school or training program you attended full time (15 hrs/wk, or more than 2 courses)? _____</p> <p>When were you last there? (m/d/yr) _____</p> <p>What grade level have you completed?              Grade 8           Grade 12              Grade 9           College diploma              Grade 10          University degree              Grade 11          Partial college/university                                            1        2        3        4</p> <p>Trade certificate, please specify which trade: _____</p> <p>Where was this level of education received?                                    in Canada    outside Canada</p> <p>If outside Canada, please specify what level was achieved? _____</p> <p>Are your credentials recognized in Ontario?                                    Yes    No</p> <p>Length of time in Canada: ____yrs, ____months</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

I, \_\_\_\_\_, declare that all of the information on this  
PRINT NAME

form is true and accurate. My date of birth is (m/d/yr) \_\_\_\_\_ and I am not attending school and not employed.

I also agree to allow Girls Inc. Limestone to collect and disclose some of this information with Service Canada. Service Canada is authorized to collect this information to assist with the administration and accountability of the Girls Inc. Focus Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date