



# CENTRAL CULINARY COLLEGE OF CANADA LTD.

222 Osborne Street N.  
Winnipeg, MB R3C 1V4

## APPLICATION FORM

Name of Course applying for: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ S.I.N. Number: \_\_\_\_\_

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

Referral made by: \_\_\_\_\_

Last Grade completed: \_\_\_\_\_ Year: \_\_\_\_\_

Other Formal Training:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a Valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

Circle that applies to you:

Indigenous    Disabled    Visible Minority    Other \_\_\_\_\_

*The private vocational institution is prohibited by law from guaranteeing employment for any student or prospective student.*

*Patal International College, reserves the right to cancel or delay the start date of a program if enrolments are not sufficient.*

\_\_\_\_\_  
*Signature of Applicant* \_\_\_\_\_  
*Date*

### **Office Use Only:**

Interview Date: \_\_\_\_\_ Student No.: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

TABE Test Scores: Math: \_\_\_\_\_ Reading: \_\_\_\_\_

What was your last occupation? \_\_\_\_\_

How long did you work there? \_\_\_\_\_

When did this job end? \_\_\_\_\_  
*Month Day Year*

During the last 12 months, were you:

a) Employed: \_\_\_\_\_ b) Unemployed: \_\_\_\_\_

c) In Training (School): \_\_\_\_\_

d) Other (please specify): \_\_\_\_\_

Are you presently receiving **E.I. benefits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when does your claim expire? \_\_\_\_\_

Are you receiving **Workers Compensation**? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you presently receiving **Income Assistance**? Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_  
Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Separated \_\_\_\_\_ Other \_\_\_\_\_

Dependents that live with you:

Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you require **Childcare/Daycare**? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what steps have to taken to date? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that the information I have provided is accurate and to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant Date



## PARTICIPANT INFORMATION FORM

The Board undertakes follow-up surveys to determine whether program support proves beneficial. In order to conduct such surveys, information is required. As private sector research firms are often engaged to do these surveys, some or all of the information you provide may be passed to them for this purpose. We try to alert you in advance that this is being done. The file number may be obtained from the employer/coordinator.

<b>Social Insurance Number</b>		<b>File Number</b>	
<b>Last Name</b>		<b>Middle Initial</b>	<b>First Name</b>
<b>Area Code</b>	<b>Telephone Number</b>		<b>Fax Number</b>
<b>Address</b>		<b>Number &amp; Street/Rural Route</b>	
<b>City or Town</b>		<b>Province</b>	<b>Postal Code</b>

The information requested below must be filled out entirely in order for SLAAMB to gather the necessary statistical information required for reporting to IIRDC. Failure to provide information accurately could delay the start of your participation in the program.

<b>Date of Birth</b>	<b>Day</b>	<b>Month</b>	<b>Year</b>	<b>Male</b>	<b>Female</b>
				( )	( )
<b>Are you: Status ( ) Non Status ( ) Metis ( ) Inuit ( ) Non Native ( )</b>					
<b>Home Reserve</b>			<b>Band Number</b>		
Do you consider yourself to be a person with disability? Yes ( ) No ( ) If yes, explain on reverse					
<b>Most Recent Occupation</b>			<b>Training Occupation</b>		
<b>Normal Weekly Hours</b>	<b>Normal Weekly Wages</b>	<b>Income Type</b>		<b>Income Amount</b>	
		EI ( ) SA ( ) Other ( )			

Account for status during the last 12 months by indicating the number of months in each activity listed:

<b>Employed Full-Time</b>	<b>Part-Time</b>	<b>Self-Employed</b>	<b>In School and/or Training</b>	<b>Homemaking</b>	<b>Other</b>	= 12 months

**Before this job loss, did you work steadily for the last five (5) years? Yes ( ) No ( )**  
 "Worked Steadily" means that you worked continuously for 5 years previous to the date of your job loss. This may include short periods of unemployment. (Normally less than 3 months.) If you were laid off for seasonal reasons during this period, you are still considered to have worked steadily.

TRADES (including Heavy Equipment)			
<b>Trade</b>	<b>Level/Red Seal</b>	<b>Specialization</b>	<b>Years Experience</b>

CERTIFICATES: (i.e. First Aid/WHMIS, Fall Arrest, Chainsaw, Customer Service/Food Safety)			
<b>Certification</b>	<b>Level</b>	<b>Registrar</b>	<b>Expiry Date</b>
1.			
2.			
3.			
4.			
5.			

LICENCES			
<b>Class</b>	<b>Number</b>	<b>Province</b>	<b>Expiry Date</b>

Do you have reliable transportation? Yes ___ No ___		
<b>Highest Level of Education:</b>	<b>Do you have any employment barriers?</b>	
<b>Received EI Benefits in past 3 years?</b>	<b>Received EI Benefits in past 5 years?</b>	
<b>Client Start Date</b>	<b>Client End Date</b>	<b>Client total weeks of intervention</b>

Under the Privacy Act the personal information collected on this form may be accessed by the participant.  
 The information is kept on file at the SLAAMB office (Revised April 20, 2018)

<b>Signature of Participant</b>	<b>Date</b>
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**Sioux Lookout Area aboriginal Management Board**

**Client Action Plan/Intervention**

**Client Name:** \_\_\_\_\_ **File #:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Community:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Please check the items that represent client's situation.**

<input type="checkbox"/>	Age between 15 and 30 (Youth Programming)
<input type="checkbox"/>	Out of school & how long
<input type="checkbox"/>	First Nation/Aboriginal
<input type="checkbox"/>	Legally entitled to work according to provincial legislation and regulations
<input type="checkbox"/>	Valid Social Insurance Number
<input type="checkbox"/>	Receipt of Employment Insurance (EI) Benefits
<input type="checkbox"/>	Not in receipt of Employment Insurance (EI) Benefits
<input type="checkbox"/>	In need of assistance to overcome employment barriers
<input type="checkbox"/>	Ontario Works/Social Assistance system

**If "client is in need of assistance to overcome employment barriers", please indicate:**

<input type="checkbox"/>	High school non-completion
<input type="checkbox"/>	Persons with disability and/or health problems
<input type="checkbox"/>	Aboriginal origin
<input type="checkbox"/>	Drug and/or alcohol-related problems
<input type="checkbox"/>	Residing in rural or remote location
<input type="checkbox"/>	Isolation – winter road access and/or by airplane
<input type="checkbox"/>	Single parent
<input type="checkbox"/>	Low levels of literacy and numeracy
<input type="checkbox"/>	Language barriers
<input type="checkbox"/>	Gang involvement
<input type="checkbox"/>	Contact with justice, child welfare or social assistance system
<input type="checkbox"/>	Homeless, or at risk of becoming homeless
<input type="checkbox"/>	Lack of social supports (family, friends or community support)
<input type="checkbox"/>	Poor self-esteem and/or behaviour-management abilities
<input type="checkbox"/>	Requires Identification documents & certificates
<input type="checkbox"/>	Criminal record
<input type="checkbox"/>	Other reasons: Please specify: _____

Sioux Lookout Area aboriginal Management Board

Client Action Plan/Intervention

Type of contact:

<input type="checkbox"/>	Phone
<input type="checkbox"/>	Walk-in
<input type="checkbox"/>	Responds to ads, posts and internet

Client's Goals/Objectives:

<input type="checkbox"/>	To further education
<input type="checkbox"/>	To enhance job skills
<input type="checkbox"/>	To get into trades (become an Apprentice)
<input type="checkbox"/>	Other:

Action Plan:

<input type="checkbox"/>	Application process
<input type="checkbox"/>	Interview
<input type="checkbox"/>	Hired
<input type="checkbox"/>	Approved for training

Program Type:

<input type="checkbox"/>	Training
<input type="checkbox"/>	Make work
<input type="checkbox"/>	Job Experience

Results: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assessment Completed by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Project Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_