



# Pre-Apprenticeship Culinary Program Application Form

Please return completed form to [culinary@ymcaottawa.ca](mailto:culinary@ymcaottawa.ca)

## ELIGIBILITY AND CONTACT INFORMATION:

FULL NAME AS SHOWN ON LEGAL DOCUMENTS

PHONE #

EMAIL ADDRESS

To be eligible to participate in this program, you must be 16 years of age or older. (those under 18 must have OSSD or equivalent).

I confirm that I meet this eligibility requirement:  Yes  No

---

## QUESTIONS:

1. **What is your status in Canada?** (Permanent Resident, Convention Refugee, Canadian Citizen, or other). Please explain.

2. **What province do you currently live in?**



**3. How would you rate your English proficiency?**

- Beginner (CLB 1-3)  Basic (CLB 4)  Intermediate (CLB 5-6)  Advanced (CLB 7+)  
 Not assessed / Not sure

**Date of most current assessment:**

**If you have not completed an assessment, do you intend to obtain one, as it is a requirement for the program?**

- Yes  No

**4. What is the highest level of education you have completed?**

**5. Do you have reliable transportation to potential work placements?**

- Yes  No

**If yes, please indicate your mode of transportation** (e.g., public transit, personal vehicle, carpool, etc.)

**6. Please describe any previous experience you have in culinary or food-related roles** (e.g., cooking, food preparation, catering, restaurant work, or kitchen support). Include your main responsibilities, how long you were involved, and any relevant skills you developed.

7. What are your employment goals after graduation?

8. How will this program help you to achieve your goals?

9. Are you currently employed?  Yes  No

If yes, what is your employment status? (Part-time, full-time or self-employed)

10. What will support you financially during the 10-week training period?



11. Please share 3 reasons why you would be a strong candidate for the Pre-Apprenticeship Culinary Program

12. How did you hear about this program?

