Power of Trades Participant Application Form

APPLICANT INFORMATION

First name:	**Last name:**	
How did you hear about Power of Trades?		
Address:		**Apt. #:**
City:	**Province:**	**Postal code:**
Phone:	**E-mail:**	
Age: 18 years and over ☐	**Year of arrival in Canada:**	

Immigration Status: Permanent Resident ☐ Convention Refugee ☐ CUAET ☐ Other (ineligible) ☐

CAREER INFORMATION

Desired sector or occupation in Canada:

Occupation in country of origin:	**# of years working in occupation in country of origin:**

Work experience in the past 5 years:

JOB TITLE	COMPANY NAME	LOCATION	START YEAR	END YEAR

EDUCATIONAL INFORMATION

Highest level of education completed:

Elementary School ☐ Secondary School ☐ College/University ☐ Trade Certificate ☐ Other:

Specialization:	**Country:**

Current employment/education situation (check all that apply):

Unemployed ☐ Employed part-time ☐ Employed full-time ☐ Part-time education (including LINC/ESL) ☐ Full-time education ☐

ADDITIONAL INFORMATION

Services <u>currently</u> being used (check all that apply):

Employment services ☐ Vocational/professional training ☐ C of Q exam preparation ☐

Settlement services ☐ English language training ☐ Other language training ☐

Service provider (organization/school):

ADDITIONAL INFORMATION (continued)

Primary mode of transportation: Own vehicle ☐ Bus ☐ Other:

Canadian Language Benchmark (if known):	**Date of most recent language assessment** (if applicable):

Are you available and willing to attend class Monday to Friday 9AM-4PM for 4 weeks? YES ☐ NO ☐

Are you legally entitled to work and study and available to begin full-time employment in Canada? YES ☐ NO ☐

PRIVACY STATEMENT & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

The **YMCA of National Capital Region** and the program funder are committed to respecting the personal privacy of individuals who provide information on Power of Trades application forms. The purpose of collecting the personal information requested in this form is to obtain your contact information and work-related data for statistical and program delivery improvement purposes. By signing this form on the space indicated below, you consent to the use of the personal information that you have provided for that purpose. Your personal information, as provided, will only be shared with the staff and partners of the **YMCA of National Capital Region** will not be disclosed without your consent.

Signature	Date

Please sign and complete this form, and return by e-mail or in person to:

Power of Trades
150 Isabella Street, 2nd Floor – Suite 204
Ottawa, ON
Phone: 343-998-9659
poweroftrades@ymcaottawa.ca

YMCA staff will contact you to book an interview and language assessment within 1-2 business days of receiving your application.
Please bring proof of immigration status and language benchmark to your interview.

STAFF USE ONLY

Interview Date			**Time**
Contact attempts (date/outcome)	1.	2.	3.

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