

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:									
Gender: Female Male Other Age: under 18 18-35 36-50 50+									
Immigration Status: Permanent Resident Convention Refugee CUAET Other (ineligible)									
Country of Origin:					Year of arrival in Canada:				
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			LOC	LOCATION		START YEAR	END YEAR	
EDUCATIONAL INFORMATION									
Highest level of education completed:									
Elementary School Secondary School College/University Trade Certificate Other:									
Specialization:				Cot	untry:				
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 currently 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):									
Service provider (Organization/SCNOO	n).								

ADDITIONAL INFORMATION (continued)										
		on: Own vehicle Bus C	T							
Canadian Langua	ge Benchma	rk (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?										
Are you legally entitled to work and study and available to begin full-time employment in Canada?										
PRIVACY STAT			<u> </u>							
		and complete to the best of my knowledge		porconal privacy of indi-	iduals who provide information on Rewer					
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, 2 nd 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 ON	ILY									
Interview Date			1	Time						
Contact attempts (date/outcome)	;	1.	2.		3.					
	by: tion, Refugees tenship Canada	Financé par : Immigration, Réfugiés et Citoyenneté Canada								

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