

For Office Use Only
Date received:
Date first contacted and method:
Staff who first contacted:
Other/Notes:

**Are you interested in joining The Employment Program? Please use this form to request an intake meeting with one of our team members to discuss your participation in the program.** During the intake meeting, our staff will provide detailed information about the program, answer your questions, and process your application. No commitment necessary! If you decide the program is not for you, you can opt out at any time.

To be eligible to participate, you must be at least 15 years old, identify as having a disability and/or mental health challenge, and face barriers to employment. We respect your privacy, so we will never ask questions about your medical history. Please note that you must be legally entitled to work in Canada (i.e. you must be a Canadian Citizen, Permanent Resident, or Landed Immigrant). The information collected in this application will be used to assess whether or not the program would be a good fit for you.

\*Your personal information is collected under the authority of the Freedom of Information and Protection of Privacy Act, RSBC 1996, c 165 ("FIPPA"). This information will be used for the purpose of assessment of your fit to the program. Questions about the collection of this information may be directed to [employmentprogramatcanassist@uvic.ca](mailto:employmentprogramatcanassist@uvic.ca)

**\*\*Program delivery is subject to funding. Spaces may be limited. All applicants will be notified promptly.**

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Please place a check mark beside the response that most accurately describes your situation. For all other questions, please type your response in the field provided.

1. What is your Citizenship Status?

Canadian citizen.

Permanent resident or landed immigrant.

International student or temporary work permit holder.

Referring Party's Information		
Referred by:	Email:	
Phone:	Relationship to Applicant:	
Applicant Information		
Name:	Age:	DOB (dd/mm/yyyy):
Gender:	Pronoun (eg. he, she, they):	
Email:	Phone: <i>(please note if cell or home)</i>	
Home Address:		
Postal Code:	Do you have a SIN number?    YES    NO	
Current Level of Education:		Current Grade/Year:
<b>Disability/Mental Health Description(s):</b>		
Transport		
Can the applicant successfully use public transportation on their own?		<b>Yes</b> <b>No</b>
How will the applicant get to the program most of the time?		
Contacts (Please fill out if you are 19 years old and younger)		
Primary Parent/Guardian Contact:		Relation to Applicant:
Email:		Phone:
What language is spoken at home: <b>English</b> <b>French</b> <b>Other:</b>		
Are the applicant's parents/guardians willing to support real work for real pay?		<b>Yes</b> <b>No</b>
Emergency Contact (if different than above):		Daytime Phone:
Other professionals or programs the applicant is involved with:		

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**Program Participation and Expectations**

Previous Work/Volunteer Experience:

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Current areas of interest:

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Your comfort and safety are important to us. Is there anything you'd like us to know about you so that we can provide a safer and more comfortable meeting environment?:

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Please describe briefly what you hope to achieve by participating in the Employment program (Do you have any employment goals? What type of work are you interested in? What skills would you like to learn?)

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**The answers to the following questions will NOT negatively affect your admission to the program. They WILL be used to help us support you more effectively.**

- |  |            |           |
|--|------------|-----------|
| Are you motivated to learn and work?   | <b>Yes</b> | <b>No</b> |
| Are you able to commit to searching for a long-term part-time job that will continue over the school year and summer? (i.e. not registering in this program to find a summer job only or to complete a Work Experience for school) | <b>Yes</b> | <b>No</b> |
| Is finding work a priority (i.e. over social activities, family vacation, etc.)?   | <b>Yes</b> | <b>No</b> |
| Are you able to work and participate in a group setting?   | <b>Yes</b> | <b>No</b> |

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Are you able to follow simple directions and instructions?

Yes

No

Notes:

How did you hear about our program?

From a support worker

Read about the program online

From a friend/family member

Social media

Service provider

Other, please specify \_\_\_\_\_

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