



# Cultivating Abilities - Employability/Skill Development and Work Experience Project

## Participant Application Form

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Messages: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Do you have a disability? Yes  No  Have you applied to Cultivating Abilities before? Yes  No

Referred by which agency: \_\_\_\_\_

What education do you have? Please list grade completed, certificates, training programs completed, courses taken etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License: Yes  No

What Work or Volunteer Experience do you have?

1.) Job Title \_\_\_\_\_ Company Name: \_\_\_\_\_  
Dates: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_

2.) Job Title \_\_\_\_\_ Company Name: \_\_\_\_\_  
Dates: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_

3.) Job Title \_\_\_\_\_ Company Name: \_\_\_\_\_  
Dates: \_\_\_\_\_ Duties: \_\_\_\_\_

Please briefly describe what work you would like to be doing. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



This program requires a commitment of between 20 to 30 hours per week from October 7<sup>th</sup>, 2019-January 25<sup>th</sup> 2020. The project is divided into classroom and on-the-job work experience with local employers. Will you be able to commit to this time for the project?

Yes  No  Possible concerns \_\_\_\_\_

I am on a bus route and can use the bus or have access to other suitable transportation to and from Foodshare and the work placement: Yes  No

Please list five things to tell us a bit about yourself and/or your interests. i.e. I am energetic, I am interested in music etc.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

You will be contacted about your application. Please note that Nanaimo Foodshare’s Cultivating Abilities Employment Strategy Project is funded by Services Canada. As such, we need your agreement to share your information with Services Canada and to provide us with your Social Insurance Number.

Please read and complete the following.

I \_\_\_\_\_, agree that Nanaimo Foodshare’s Cultivating Abilities Opportunity Fund Program will collect and share my information in accordance with the *Privacy Act* in order to assist me in participating in this project.

My Social Insurance Number \_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

**Attn: Ashley Clarke (coordinator) Nanaimo Foodshare: 271 Pine St. Nanaimo, V9R 2B7 250-753-9393 phone 250-753-9335 fax [Ashley.Clarke@nanaimofoodshare.ca](mailto:Ashley.Clarke@nanaimofoodshare.ca) or [skills@nanaimofoodshare.ca](mailto:skills@nanaimofoodshare.ca)**

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