



# 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

Referred by which agency or person: \_\_\_\_\_

Contact information for reference: \_\_\_\_\_

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 25 hours per week from February 11th, to May 31<sup>st</sup>, 2019. 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 and hobbies. 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 Skills Training Project is funded by Services Canada. As such, we need your agreement to share your information with Services Canada and you to provide us with your Social Insurance Number.

Please read and complete the following.

I \_\_\_\_\_, agree that Nanaimo Foodshare's Cultivating Abilities Employment Skills Training Project will collect and share my information with Service Canada in accordance with the *Privacy Act* in order to assist me in participating in this project.

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

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

**Attn: Paul Manly (coordinator) Nanaimo Foodshare: 271 Pine St. Nanaimo, V9R 2B7  
250-753-9393 phone 250-753-9335 fax [paul.manly@nanaimofoodshare.ca](mailto:paul.manly@nanaimofoodshare.ca)**

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