

Charitable Registration: #11923 6792 RR0001

YWCA HAMILTON: PRE-APPRENTICESHIP TRAINING FOR WOMEN

This form is private and confidential and will only be used by YWCA staff, Ministry of Labour, Training and Skills Development (MLTSD) and community training partners. Please give as much detail as you can. This information is required in order to continue providing quality programs and services to women and to provide statistical information as required by MLTSD. No information will be released by YWCA Staff for any other purpose other than those mentioned.

Program(s) of Interest: General Machinist	☐ Electrician - Construction and Maintenance
First Name	Last Name:
Address:	Apt#
City:	Postal Code:
Email	
Home Phone:	Cell Phone:
Social Insurance #:	Date of Birth (d/m/y):
What gender do you most identify wit ☐ Female ☐ Male ☐	h? Trans □ Other/Don't Identify as either
Were you born in Canada? ☐ Yes ☐ No (If no, what	year did you arrive in Canada?
	a? Temporary □ Other: Resident
	☐ Other(s): kills assessed, please provide your CLB results: aking Listening
☐ Youth (under 30) ☐ Immigrant	entify as a member of any of these groups: Mature Worker (45 years+) ority Other:

MacNab Branch/Head Office

75 MacNab St. South, Hamilton, ON L8P 3C1 F: 905-522-1870

Ottawa Branch

52 Ottawa St. North, Hamilton, ON L8H 3Y7 F: 905-545-7470



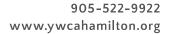




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Are you a status or non-s	 Yes (If yes, please check all that apply) 	
	□ Inuit	
	☐ First Nations	
	□ Metis	
	□ Other: □ Status	
	□ Non-Status	
What is your highest leve	I of education?	
☐ Elementary school of		
-	(If known, number of credits completed:)	
High School Diplom	a or GED	
□ Some College		
College diploma		
□ Apprenticeship/Vocational/Trades training		
☐ Some undergraduat	· ·	
☐ Undergraduate univ		
☐ Postgraduate unive☐ Other:		
Utilei.		
Have you ever participate	ed in a government funded training program?	
□ Yes If yes or unsure, ple	□ No □ Unsure	
	□ No □ Unsure	
If yes or unsure, ple	□ No □ Unsure case explain:	
If yes or unsure, ple	□ No □ Unsure Pase explain: g with an Employment Counsellor?	
Are you currently working Yes	□ No □ Unsure Pase explain: g with an Employment Counsellor? □ No	
Are you currently working Yes If yes, please provide	□ No □ Unsure Pase explain: g with an Employment Counsellor? □ No de the following information:	
Are you currently working Yes If yes, please provide Organization	□ No □ Unsure Pase explain: g with an Employment Counsellor? □ No the the following information: n:	
Are you currently working Solution Yes If yes, please provide Organization Counsellor's	□ No □ Unsure Passe explain: If with an Employment Counsellor? □ No Be the following information: □ Name:	
Are you currently working Yes If yes, please provide Organization Counsellor's What are your current so	□ No □ Unsure pase explain: g with an Employment Counsellor? □ No gethe following information: n: □ Name: □ Unsure	
If yes or unsure, ple	□ No □ Unsure Passe explain: If with an Employment Counsellor? □ No Be the following information: □ Name: □ Name: □ Unsure ■ Counsellor? □ No ■ Employment Insurance	
If yes or unsure, ple	□ No □ Unsure Passe explain: If with an Employment Counsellor? □ No Be the following information: □ Name: □ Name: □ Unsure ■ Counsellor? □ No ■ Employment Insurance	
Are you currently working Yes If yes, please provide Organization Counsellor's What are your current sortion Ontario Works Employment If you are receiving	□ No □ Unsure Passe explain: g with an Employment Counsellor? □ No le the following information: n: □	
Are you currently working Yes If yes, please provide Organization Counsellor's What are your current sortion on the counsellor's Employment If you are receiving Caseworker	□ No □ Unsure Passe explain: □ Unsure	
Are you currently working Yes If yes, please provide Organization Counsellor's What are your current sortion on the counsellor's the counsellor the counsell	No	
Are you currently working Yes If yes, please provide Organization Counsellor's What are your current solution of the counsellor's in the counsellor in	□ No □ Unsure Passe explain: □ Unsure	







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 I am not doing paid work right now 		
☐ I am actively looking for work		
□ I am volunteering		
 I am working in a part-time job(s) 		
☐ I am working in a full-time job(s)		
☐ I am working more than one job		
 I am in a paid, temporary internship or work placement 		
☐ I am doing an unpaid work placement or internship		
□ I am self-employed		
☐ I do odd jobs for cash (such as babysitting, cleaning)		
□ Other:		
What is your housing situation?		
□ Renting (subsidized) □ Shelter / temporary accommodations		
 □ Renting (market price) □ I own a home 		
□ Living at Home with □ Other (please explain):		
family support		
How many family members do you live with, including children? If you have children, What are their ages Will you have childcare in place during the training?		
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If you have children, What are their ages Will you have childcare in place during the training? □ Yes □ No □ Unsure		
If you have children, What are their ages Will you have childcare in place during the training? No Unsure What is your marital status? Single Common Law / Prefer not to disclose Married Do you have any health concerns and/or physical limitations that need to be considered during the training and the work placement components of this program?		
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What interests you most about a career in the skilled trades?	
What do you know about the skilled t	rades?
What you do plan to do after you finis	sh this program?
Is there anything else that you would	like to share with us?
I give permission to the YWCA Staff to staff to staff the extent that this will help me in getting	share my information with the MLTSD and Employers to g employment.
I acknowledge that submitting this application pro	cation does not guarantee acceptance into the program ocess.
Signature:	

MacNab Branch/Head Office 75 MacNab St. South, Hamilton, ON L8P 3C1 F: 905-522-1870 Ottawa Branch 52 Ottawa St. North, Hamilton, ON L8H 3Y7 F: 905–545–7470







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For YWCA Internal Use Only	
Registered for training program? Yes	□ No
Assessment Score:	
Interview Date:	
Intake Staff:	Date:
Notes:	

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