

## 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 with?

- Female                       Male                       Trans                       Other/Don't Identify as either

### Were you born in Canada?

- Yes                       No (If no, what year did you arrive in Canada? \_\_\_\_\_)

### What is your current status in Canada?

- Citizen                       Permanent Resident                       Temporary Resident                       Other: \_\_\_\_\_

### What languages do you speak?

- English                       French                       Other(s): \_\_\_\_\_

If you have had your language skills assessed, please provide your CLB results:

Reading \_\_\_\_ Writing \_\_\_\_ Speaking \_\_\_\_ Listening \_\_\_\_

### Please complete if you wish to self-identify as a member of any of these groups:

- Youth (under 30)                       Immigrant                       Mature Worker (45 years+)  
 Person with Disability                       Visible Minority                       Other: \_\_\_\_\_



**Are you a status or non-status Aboriginal person?**

- No                       Yes (If yes, please check all that apply)
- Inuit
  - First Nations
  - Metis
  - Other: \_\_\_\_\_
  - Status
  - Non-Status

**What is your highest level of education?**

- Elementary school completed
- Some High School (If known, number of credits completed: \_\_\_\_\_)
- High School Diploma or GED
- Some College
- College diploma
- Apprenticeship/Vocational/Trades training
- Some undergraduate university
- Undergraduate university degree
- Postgraduate university degree
- Other: \_\_\_\_\_

**Have you ever participated in a government funded training program?**

- Yes                       No                       Unsure

If yes or unsure, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Are you currently working with an Employment Counsellor?**

- Yes                       No

If yes, please provide the following information:

Organization: \_\_\_\_\_

Counsellor's Name: \_\_\_\_\_

**What are your current sources of income?**

- Ontario Works                       ODSP                       Employment Insurance
- Employment                       Other (please explain): \_\_\_\_\_

If you are receiving Ontario Works or ODSP, please provide the following information:

Caseworker's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Worker # \_\_\_\_\_

**What is your total family (household) income? \_\_\_\_\_**



**What is your current employment situation (select all that apply)?**

- 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)
- Renting (market price)
- Living at Home with family support
- Shelter / temporary accommodations
- I own a home
- Other (please explain): \_\_\_\_\_

**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?

- Yes
- No
- Unsure

**What is your marital status?**

- Single
- Common Law / Married
- Prefer not to disclose

**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?**

- Yes
- No
- Unsure

If yes or unsure, please explain:

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**What interests you most about a career in the skilled trades?**

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**What do you know about the skilled trades?**

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**What you do plan to do after you finish this program?**

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**Is there anything else that you would like to share with us?**

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I give permission to the YWCA Staff to share my information with the MLTSD and Employers to the extent that this will help me in getting employment.

I acknowledge that submitting this application does not guarantee acceptance into the program and is the first step in the application process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



