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| **Background Information** |
| First Name  |  |
| Last Name  |  |
| Address: |  |
| Home Phone: |  |
| Cell Phone: |  |
| Email: |  |
| DATE OF BIRTH (M/D/Y) |  |
| I have read the eligibility criteria for this program and can confirm I meet the minimum requirements for this program | YesNoUnsure |
| **MARITAL STATUS**SingleDivorcedSeparatedCommon Law/Married | Citizenship StatusCanadian CitizenPermanent ResidentConvention Refugee |
| Current Housing StatusApartment – RentingHomeless or Emergency ShelterCouch Surfing or Staying with FriendsViolence Against Women ShelterCommunity HousingOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Current Source of IncomeOntario WorksODSPEmployment InsurancePersonal Needs Allowance Self EmployedNo Income |
|  |  |
| **Academic Information** |
| **Highest Grade Level Completed** 9 10 11 12 Some College College Diploma Some University University Degree | **How long have you been out of school?** Less than 1 year 1—3 years 4—6years  More than 7 years  |
| What were your reasons for leaving school? |  |
| How would you rate your computer skills? |
| 1 is not at all and 10 is quite extensive. Please circle.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Word | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Excel | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| PowerPoint | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Access | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Outlook | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Internet | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |  |

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| **Employment Background**  |
| Are you currently Employed?  | Yes**No** |
| Most Recent Employer: |
| Company |  |
| Position Held |  |
| Start Date |  |
| End Date |  |
| Reason for Leaving | **** Quit**** Fired**** Other |
| **Family Composition** |
| **I have custody of at least one child who is under the age of 17.**  | Yes**No** |
| **Child One** |
| **Full Name** |  |
| **Gender** |  |
| **Date of Birth** |  |
| **My child has special needs.**  | Yes**No** |
| **My child requires day care.** | YesNo |
| **My child requires afterschool care.** | YesNo |
| **Please provide details of any supports needed by this child. (medical, behavioural, counselling)**  |  |
| Child Two |
| **Full Name** |  |
| **Gender** |  |
| **Date of Birth** |  |
| **My child has special needs.**  | YesNo |
| **My child requires day care.** | YesNo |
| **My child requires afterschool care.** | YesNo |
| **Please provide details of any supports needed by this child. (medical, behavioural, counselling)**  |  |

**Narrative Questions:**

You are applying to an intensive, life changing program where you will have to navigate the competing demands of being a parent, completing school and preparing for employment. What personal and professional skills will you bring to ensure your success?

This program is designed to assist you to secure meaningful work at a life-sustaining wage. What barriers and challenges do you think may impact your success in meeting this goal?

Which program interests you the most at Fleming and why?

What are three goals you have for you and your family in the next four years?