BRIDGING TO EMPLOYMENT- APPLICATION FORM – Prince George

*Please ensure you fill out both pages.*

Contact Information

|  |  |
| --- | --- |
| Name:  | Date:  |
| Address:  |
| Gender: [ ] Male [ ] Female [ ] Other: | Age: | Date of Birth:  |
| Work Phone: | Home Phone: |
| SIN Number:  | Status Number:  |
| Band:  | Clan:  |

Emergency Contact Persons

|  |
| --- |
| Name:  |
| Phone Number:  | Relationship:  |
| Name:  |
| Phone Number:  | Relationship:  |

Referral Source

|  |
| --- |
| Name:  |
| Phone Number:  | Organization:  |

Applicant Information

Have you applied to the Bridging Program before? [ ] Yes [ ] No If so, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What interested you in the Bridging to Employment program?

|  |
| --- |
|  |

How did you hear about the program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently involved with any other service providers or community programs?[ ] Yes [ ] No

If yes, please list:

|  |
| --- |
|  |

The program deals with a variety of issues throughout its duration. What are some of the issues that you would like to work on while in the program?

|  |
| --- |
|  |

Are you willing to commit to attending 5 days per week for the full nine weeks? [ ] Yes [ ] No

Are you willing to enter into a co-ed group (men and women)? [ ] Yes [ ] No

Are you willing to consent to a criminal record check for work experience purposes? [ ] Yes [ ] No

Do you have any children? [ ] Yes [ ] No

Do you have any involvement with the Ministry of Children and Family Development (MCFD)? [ ] Yes [ ] No

If applicable, please list names and ages and if they are in your care.

|  |
| --- |
|  |

Do you currently have daycare in place? [ ] Yes [ ] No

If no, will daycare be required while you are in the program? [ ] Yes [ ] No

Will you require bus tickets to attend the program? [ ] Yes [ ] No

Are there any other barriers or concerns that may affect your ability to participate in the program?

[ ] Yes [ ] No

If yes, please explain:

|  |
| --- |
|  |

What is your current source of income?:

[ ] Income Assistance [ ] Employment Insurance [ ] WCB Insurance [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medical concerns and/or current medications you are taking:

|  |
| --- |
|  |

Please take a moment to write down any additional concerns that you may have regarding your ability to attend the program:

|  |
| --- |
|  |

**Please mail, email, fax or drop off the completed form Attn: Bridging to Employment Program**