



**Are you interested in joining The Employment Program? Please use this form to request an intake meeting with one of our team members to discuss your participation in the program.** During the intake meeting, our staff will provide detailed information about the program, answer your questions, and process your application. No commitment necessary! If you decide the program is not for you, you can opt out at any time.

To be eligible to participate, you must be at least 15 years old, identify as having a disability and/or mental health challenge, and face barriers to employment. We respect your privacy, so we will never ask questions about your medical history. Please note that you must be legally entitled to work in Canada (i.e. you must be a Canadian Citizen, Permanent Resident, or Landed Immigrant). The information collected in this application will be used to assess whether or not the program would be a good fit for you.

\*Your personal information is collected under the authority of the Freedom of Information and Protection of Privacy Act, RSBC 1996, c 165 ("FIPPA"). This information will be used for the purpose of assessment of your fit to the program. Questions about the collection of this information may be directed to [jobjourney@uvic.ca](mailto:jobjourney@uvic.ca)

**\*\*Program delivery is subject to funding. Spaces may be limited. All applicants will be notified promptly.**

Funded in Part by the Government of Canada's Opportunity Fund, CanAssist and the University of Victoria.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------|
| Referred by:                                                                                                                                                                                                                                                     | Email:                                                                                     |                   |
| Phone:                                                                                                                                                                                                                                                           | Relationship to Applicant:                                                                 |                   |
| Reason for referring:                                                                                                                                                                                                                                            |                                                                                            |                   |
| <b>Applicant Information</b>                                                                                                                                                                                                                                     |                                                                                            |                   |
| Name:                                                                                                                                                                                                                                                            | Age:                                                                                       | DOB (dd/mm/yyyy): |
| Gender:                                                                                                                                                                                                                                                          | Pronouns:<br>(eg. he, she, they):                                                          |                   |
| Email:                                                                                                                                                                                                                                                           | Phone:<br>(please note if cell or home)                                                    |                   |
| Home Address:                                                                                                                                                                                                                                                    |                                                                                            |                   |
| Postal Code:                                                                                                                                                                                                                                                     | Do you have a SIN number? <input type="checkbox"/> YES <input type="checkbox"/> NO         |                   |
| Current Level of Education:                                                                                                                                                                                                                                      | Current Grade/Year:                                                                        |                   |
| Preferred Contact Method?                                                                                                                                                                                                                                        | <input type="checkbox"/> Email <input type="checkbox"/> Call <input type="checkbox"/> Text |                   |
| Disability/Mental Health Description(s):                                                                                                                                                                                                                         |                                                                                            |                   |
| Do you self-identify as having a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Learning disabilities are lifelong conditions that affect information processing, understanding, communication, memory, and task organization. |                                                                                            |                   |
| What is your citizenship status?<br><input type="checkbox"/> Canadian citizen<br><input type="checkbox"/> Permanent resident or landed immigrant<br><input type="checkbox"/> International student or temporary work permit holder                               |                                                                                            |                   |
| <b>Transport</b>                                                                                                                                                                                                                                                 |                                                                                            |                   |
| Can the applicant successfully use public transportation on their own?                                                                                                                                                                                           | Yes                                                                                        | No                |
| How will the applicant get to the program most of the time?                                                                                                                                                                                                      |                                                                                            |                   |
| <b>Contacts</b><br>(Please fill out if you are 19 years old and younger)                                                                                                                                                                                         |                                                                                            |                   |
| Primary Parent/Guardian Contact:                                                                                                                                                                                                                                 | Relation to Applicant:                                                                     |                   |

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|                                                                                                       |                |
|-------------------------------------------------------------------------------------------------------|----------------|
| Email:                                                                                                | Phone:         |
| What language is spoken at home: <b>English</b> <b>French</b> <b>Other:</b>                           |                |
| Are the applicant's parents/guardians willing to support real work for real pay? <b>Yes</b> <b>No</b> |                |
| Emergency Contact (if different than above):                                                          | Daytime Phone: |
| Other professionals or programs the applicant is involved with:                                       |                |

### Program Participation and Expectations

Previous Work/Volunteer Experience:

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Current areas of interest:

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Your comfort and safety are important to us. Is there anything you'd like us to know about you so that we can provide a safer and more comfortable meeting environment?

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Please describe briefly what you hope to achieve by participating in the Employment program (Do you have any employment goals? What type of work are you interested in? What skills would you like to learn?)

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## Program Eligibility Information

The answers to the following questions will NOT negatively affect your admission to the program. They WILL be used to help us support you more effectively. We cannot guarantee preferred learning environments due to program capacity, but we will do our best to accommodate your preferences.

|                                                                                                              |         |              |
|--------------------------------------------------------------------------------------------------------------|---------|--------------|
| Are you motivated to learn and prioritize finding work?                                                      | Yes     | No           |
| Are you able to commit to ongoing employment? (i.e. not just summer employment or temporary work experience) | Yes     | No           |
| Are you able to follow simple instructions?                                                                  | Yes     | No           |
| Please indicate your preferred group learning environment                                                    | Virtual | Face to face |

Additional notes:

How did you hear about our program?

- From a support worker
- Read about the program online
- From a friend/family member
- Social media
- Service provider
- Other, please specify \_\_\_\_\_

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