



SECTION A – Personal Information

Focus for Ethnic Women wants to collect personal information by following responsible handling practices and the government's privacy laws. We collect and use personal information for the following reasons: To meet client needs, ensure the safety of our participants, staff and guests, and to meet the requirements of the government and regulatory boards.

Have you attended other EOS (Employment Ontario Services) in Waterloo Region? Yes No

Have you attended other programs/ organizations? E.g. The Working Centre YMCA Other _____

Country of Birth: _____ First Language: _____

Other Languages: _____ Last Country Lived In: _____

Do you belong to any of the following target groups? _____ Women _____ Under 20 years old _____ Over 44

Are you currently working? YES NO If yes, Full-time Part-time

Are you working more than 20 hours per week? YES NO

Are you seeking employment? YES NO If yes, what type? : _____ Full-time / Part-time

Do you have a Driver's License? YES NO If yes, what type? G1 G2 G

SECTION B – English Language

Have you studied English before? YES NO How long? _____ Where? _____

Has your English been assessed? YES NO When? _____ Level/Benchmark: _____

Are you studying English now? YES NO Where? _____ Level Studying: _____

SECTION C – Volunteer Work and Skills

Please list all volunteer experience.

Company	City, Country	Job Title	Dates (from ___ to ___)	Duties

Please identify the computer software, programming languages or operating systems you have experience with:

<input type="checkbox"/> MS Word	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
<input type="checkbox"/> MS Excel	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
<input type="checkbox"/> MS Access	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
<input type="checkbox"/> Accounting: i.e. Simply Accounting, Quick Books	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
<input type="checkbox"/> AutoCAD	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
<input type="checkbox"/> C++	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
<input type="checkbox"/> Java	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
<input type="checkbox"/> Internet and Email	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
<input type="checkbox"/> Others _____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

Please list any hobbies or personal interests you may have. _____

CAREER GOALS

What is your wage/salary expectation? _____

JOB SEARCH

Have you looked for a job? YES NO Do you have a resume? YES NO

What type of work have you looked for? _____

Describe your job search activities in Canada. _____

SECTION C – Continued

Please check if you are interested in other community services:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Resume Help | <input type="checkbox"/> New Email Account / set up | <input type="checkbox"/> STEP/TEAM | <input type="checkbox"/> Financial Assistance – OW / EI |
| <input type="checkbox"/> Job Search Assistance | <input type="checkbox"/> Computer Tutorials | <input type="checkbox"/> Academic Tutoring | <input type="checkbox"/> Housing / Child Care |
| <input type="checkbox"/> Interview Skills | <input type="checkbox"/> Educational Upgrading/GED | <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Health Care Services |
| <input type="checkbox"/> Career Assessments | <input type="checkbox"/> Credential Assessments | <input type="checkbox"/> Self Employment | <input type="checkbox"/> Counselling Services |
| <input type="checkbox"/> Internet Access | <input type="checkbox"/> Second Career / Training | <input type="checkbox"/> Volunteering | <input type="checkbox"/> Other _____ |

SECTION D - MEDICAL INFORMATION

Do you have any medical information that could limit your choice of work? YES NO

If YES, please explain: _____

Have you had any medical difficulties or conditions during the last 2 years which have prevented you from looking for work? YES NO

If YES, please explain: _____

Are you currently taking any medication YES NO If YES, please explain: _____

Are there any medical conditions we need to be aware of? (E.g. allergies, etc.) YES NO

If YES, please explain: _____

Family Doctor's Name: _____ Telephone: _____

Doctor's Address: _____

Your Health Card Number: _____

In case of an EMERGENCY:

Please contact: _____ Relation: _____
First Name Last Name Husband, Brother/Sister, Parent, etc.

Day Time Phone: _____ ext.# _____ Other/Cell: _____

SECTION E - CHILD CARE INFORMATION

Do you need child care while attending the FEW program? YES NO
(If YES, please complete the following section.)

How many children do you have? _____ Number of children needing care: _____

Number of hours/day needed? _____

Name of child care provider: _____ Telephone: _____

Do you have an appointment with the Region for Child Care Subsidy? YES NO If YES, when? _____

- Accepted by Region for Subsidy Not Accepted for Subsidy

Changes after Regional Day Care Subsidy appointment: _____

EXCHANGE OF INFORMATION RELEASE:

I, _____, consent to allow **Focus for Ethnic Women** to disclose all information
First Name Last Name relevant to my Work Action Plan to **Ministry of Training Colleges and Universities** and my Identified Community Needs Assessor.

Signature: _____

MEDIA RELEASE:

I give permission to Focus for Ethnic Women to take pictures and/or video of me to be used within the organization and building only.

Signature: _____

I give permission to Focus for Ethnic Women to take pictures and/or video of me to be used for future promotions/media/news coverage.

Signature: _____

Eligibility for Child Care and Transportation Assistance

(To be completed only if Childcare and/or Transportation Assistance are needed)

Name: _____ S.I.N.: _____

Address: _____ Phone #: _____
Street City Postal Code

Marital Status: Married / Common-law Divorced Separated Single Widow

Total # of people in family _____ Number of Children: _____ Ages: _____

Section 1 – Monthly Net Income	Self	Other
Employment Income		
EI Benefits		
Income/Social Assistance		
Alimony/ Child Support		
Self Employment		
Pension Income (eg. Employer Plan)		
Disability Income		
Worker Compensation Benefit (WCB)		
Canada Pension Plan (CPP)		
Child Tax Benefits		
Income from rental properties		
Severance Pay		
Any Other Sources of Income not listed above		
TOTAL		

Section 2 – Other Anticipated Sources of Funding	Self	Other
Student Loans		
Savings		
Scholarship/Bursary		
Investment Income		
Family/Parent/Guardian		
Any Other Sources of Income not listed above		
TOTAL		

Section 3 - Monthly Expenses	Amount
Basic Living Expenses	
♦ Rent/Mortgage/Room and Board	
♦ Food	
♦ Utilities (hydro, heat, water)	
♦ Telephone (basic line only)	
Other Incremental Costs	
♦ Other Personal Supports and Transportation	
♦ Dependent Care	
♦ Disability Needs	
TOTAL	

I am applying for: Transportation Assistance (bus car) Child Care Assistance

Signature

Date

TO BE FILLED OUT BY OFFICE:

Approved for: Transportation Assistance Child Care Assistance

Not Approved: Transportation Assistance Child Care Assistance

ED: _____

Date: _____