



FOCUS FOR ETHNIC WOMEN, WATERLOO REGION INC.

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Skills Unlimited Registration Form

- Career Counselling
- Referral Form
- Action Plan

- Employment Assistance Service
- Referral Form
- Action Plan

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.

Name: _____ Date: _____
Last Name First Name Day Month Year

Social Insurance #: _____ Telephone: _____

Address: _____

City: _____ Postal Code: _____

Email: _____ Alternate Contact Telephone: _____

Date of Birth: _____ Country of Birth: _____
Day Month Year

First Language: _____ Last Country Lived In: _____

Other Languages: _____ Arrived in Canada: _____
Day Month Year

Arrived in Canada: _____
City Province

Immigrant Status _____ Citizen _____ Sponsored _____ Refugee _____ Independent
_____ Landed Immigrant _____ Family Class/Assisted Relative _____ Other

Are you receiving any financial assistance? Yes No

If YES, what kind? _____ Employment Insurance (E.I) When does it end? : _____
_____ Ontario Works / Welfare _____
_____ Resettlement Assistance Program Name of Social Worker Phone Number
_____ Other (explain) _____

Do you belong to any of the following target groups?

___ Women ___ Visible Minority * ___ Youth (15 – 30 yrs old) ___ Disabled

* Definition of Visible Minorities:

The *Employment Equity Act* defines visible minority as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white colour." The visible minority population includes, but is not limited to: Chinese, South Asian, Black, Filipino, Latin American, Southeast Asian, Arab, West Asian, Japanese, Korean and Pacific Islander.

EDUCATION

Please list ALL education in your home country, other countries including Canada.

Level	Name of school, City, Country	Years Attended (from ___ to ___)	Diploma, Degree, Certificate
High School/ Secondary		-	
College/ University		-	
Other		-	
Other		-	

Total number of years of FORMAL EDUCATION _____

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? _____

WORK EXPERIENCE/SKILLS

Please list all previous work experience, including part-time and full time employment in you home country, other countries and in Canada.

Company	City, Country	Job/Position	Dates (from ___ to ___)	Reason for Leaving
			-	
			-	
			-	

What computer software, programming languages or operating systems do you know? How well? _____

Have you done any volunteer work? Where? Please explain? _____

Please list any awards, certificates, accomplishments or other organizations you have been involved with. _____

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

CAREER GOALS

What kind of work would you like to do in Canada? List three choices in order of preference

1. _____ 2. _____ 3. _____

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. _____

MEDICAL INFORMATION

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

If YES, please explain: _____

Family Doctor's Name: _____ Telephone: _____

Doctor's Address: _____

Health Card # : _____

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

If YES, please explain: _____

Are you currently taking any medication YES NO Please explain: _____

Are there any medical conditions we need to be aware of? YES NO Please explain: _____

Do you have any allergies? (e.g. drugs, foods, insects, etc) YES NO Please explain: _____

In case of an EMERGENCY:

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

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

CHILD CARE INFORMATION

Do you need child care while attending Focus? 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 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 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: _____