

REGISTRATION FORM

Contract #CPBLMT46G082300755

For office Use Only	Type of Participant Identification Used: <input type="checkbox"/> BC Driver's License <input type="checkbox"/> BCID <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (please specify): _____ Indicate only the type of identification that was used to confirm the participant identity.			
Participant Information	Last Name:	First Name:	Middle Name:	
	Address:		City:	Postal Code:
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth: (YYYY/MM/DD)		Age:
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living common-law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to answer		Do you have a valid Social Insurance Number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Telephone Number: Home: _____ Cell: _____		Referred by: WorkBC Case Manager Name: _____ WorkBC Location: _____ N/A <input type="checkbox"/>	
	Email: _____			
	Citizenship – Are you a: (Please select one) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other: (Please state status): _____			
	Did you immigrate to Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, arrival date:</i> _____ <i>country of origin:</i> _____		Do you identify yourself as a visible minority? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	
			Do you self-identify as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	
	Are you currently receiving EI (Employment Insurance)? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received EI in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a General Client? (No Source of Income) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently receiving Income Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your highest level of education achieved? <input type="checkbox"/> Less than high school <input type="checkbox"/> Trades Certificate or Diploma (_____) <input type="checkbox"/> High School diploma or recognized equivalent <input type="checkbox"/> Diploma (_____) <input type="checkbox"/> Some post-secondary (partially completed) <input type="checkbox"/> University degree (_____) <i>*Please provide more details:</i> Name of School _____ Completion date _____ Program _____ Location (city, country) _____				
Employment Status at Intake	Which best describes your status before entering the program? <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Precariously employed (part-time, seasonal or casual/on call)			
	If you are working, please complete the following questions: What is your employment type? <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Casual/On call <input type="checkbox"/> Permanent Employment <input type="checkbox"/> Part time (less than 20 hours/week)			

Employment Status Cont.	<p>What is your job title? _____</p> <p>Name of employer: _____</p> <p>Average weekly hours: _____</p>																		
Barriers to Employment	<p>Which of the following barriers might interfere with your ability to find or keep a job? (*check as many as apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> COVID-19</td> <td><input type="checkbox"/> Childcare support</td> <td><input type="checkbox"/> Learning disability</td> </tr> <tr> <td><input type="checkbox"/> Transportation</td> <td><input type="checkbox"/> Housing problems</td> <td><input type="checkbox"/> Physical disability</td> </tr> <tr> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Family member health</td> <td><input type="checkbox"/> Mental health issues</td> </tr> <tr> <td><input type="checkbox"/> Limited work experience</td> <td><input type="checkbox"/> Family issues</td> <td><input type="checkbox"/> Lack of motivation</td> </tr> <tr> <td><input type="checkbox"/> Lack of job search skills</td> <td><input type="checkbox"/> Legal issues</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Difficulty with English</td> <td><input type="checkbox"/> Substance use</td> <td></td> </tr> </table>	<input type="checkbox"/> COVID-19	<input type="checkbox"/> Childcare support	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Transportation	<input type="checkbox"/> Housing problems	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Education	<input type="checkbox"/> Family member health	<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Limited work experience	<input type="checkbox"/> Family issues	<input type="checkbox"/> Lack of motivation	<input type="checkbox"/> Lack of job search skills	<input type="checkbox"/> Legal issues	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Difficulty with English	<input type="checkbox"/> Substance use	
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Skills	<p>Please rate your computer use ability. (*Please check one)</p> <p style="text-align: center;">(Poor) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (Excellent)</p> <p>Do you Have Reliable Home internet? <input type="checkbox"/> Yes <input type="checkbox"/> No Do You Have a Personal Computer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																		
Employment History	<p>Please provide details of recent employment:</p> <p>1. Company: _____ Position: _____ Start/End Dates: _____ Reason for leaving: _____</p> <p>2. Company: _____ Position: _____ Start/End Dates: _____ Reason for leaving: _____</p>																		
Referral Sources	<p>How did you hear about this program? (*Please select one)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Work BC</td> <td><input type="checkbox"/> Indeed</td> <td><input type="checkbox"/> Family/Friend</td> </tr> <tr> <td><input type="checkbox"/> Community Organization</td> <td><input type="checkbox"/> Public Library</td> <td><input type="checkbox"/> Social Media (e.g. Facebook, LinkedIn)</td> </tr> <tr> <td><input type="checkbox"/> Internet search</td> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Work BC	<input type="checkbox"/> Indeed	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Community Organization	<input type="checkbox"/> Public Library	<input type="checkbox"/> Social Media (e.g. Facebook, LinkedIn)	<input type="checkbox"/> Internet search	<input type="checkbox"/> Other: _____										
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	<p>Have you participated in any training programs in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>*If yes, please specify (name of program & dates):</i> _____</p>																		
	<p>Criminal Record Check: Are you able to work with vulnerable persons as indicated by a vulnerable person's Criminal Record Check?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																		

Additional Questions

If you are accepted to the CDP Program, what are the possible things that might stop you from completing the program?

Do you have any other commitments during weekdays from 9 to 4?

Please submit the following documents along with this application to essentialskills@douglascollege.ca (Save application with the file name "FirstName_LastName_CDP Application").

1. Letter of Intent

- Write a one page letter explaining why you are interested in the Career Development Practice program, what your career goal is after completing the program, and why you think you are a suitable candidate for the program.
- Save this letter with the file name "FirstName_LastName_Letter of Intent"

2. Resume

- Save your resume with the file name "FirstName_LastName_Resume"

I hereby certify that all information provided is complete and accurate.

Collection and Use of Information

All information is collected pursuant to section 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information provided will be used for administrative and evaluation purposes of this program.

My signature below means:

- I have answered all questions on this form and certify that all information I have provided is complete and accurate.
 - I understand that the Accelerated Career Development Practice (CDP) Program is funded by the Government of Canada and the Province of British Columbia.
 - I understand that information I have provided on this form or that has been collected about me during my participation in this program will be forwarded to the BC Ministry of Social Development and Poverty Reduction.
 - For applicants who have not been referred by a WorkBC Case Manager, I understand that information provided on this form may be forwarded to my local WorkBC Employment Centre who will contact me for a needs assessment in order to make a referral to the program.
 - I consent to being contacted by the BC Ministry of Social Development and Poverty Reduction (or its agent) at intervals and up to 12 months after completion of my participation in this program for the purpose of program evaluation.
- I consent to Douglas College Training Group sending me information about upcoming events, volunteer opportunities, newsletters, program offerings, and other promotional-type offerings.

While you are a current Douglas College Training Group client, you will receive informational emails necessary for your continuance in our programs. At any time you may withdraw your consent and unsubscribe from Douglas College e-communications by emailing unsubscribe@douglascollege.ca.

Print Name: _____

Date: _____

Signature: _____