

ENCORE CAREERS 55+ Employment Program

Application Form

Please complete the fillable fields and email putting ENCORE CAREERS in the subject line and send to TTG@douglascollege.ca (note some fields are not fillable and will be collected later to ensure your privacy)

Participant Name: _____ / _____ / _____
First Name Middle Name Last Name

Date of Birth: ____ (day) ____ (month) ____ (year) Social Insurance Number: _____

Phone Numbers: Daytime _____ Alternate: _____

Email Address: _____

Residential Address:

Number and Street: _____

City: _____ Postal Code: _____

Mailing Address: (if different from residential address):

Number and Street: _____

City: _____ Postal Code: _____

Status in Canada:

Are you a: Canadian Citizen Yes No
Permanent Resident Yes No
Protected Person Entitled to work in Canada Yes No

Did you immigrate to Canada? Yes No If yes, what year did you come to Canada?

Federal Official language of choice? English French Not a federal official language

Federal Official language of service? English French Not a federal official language

Did you come to Canada as a refugee? Yes No

If yes, from what country did you immigrate? _____

What is your first language? _____

What language do you speak at home? _____

Demographic Information:

Gender: Male Female Other Prefer not to say

Marital Staus: Married or equivalent Single Prefer not to say

Number of Dependants: _____

Do you self-identify as a Person with a Disability? Yes No Prefer not to say

Do you self-identify as a Visible Minority? Yes No Prefer not to say

Do you self-identify as an indigenous Person, that is, First Nations, Metis or Inuit?

Yes No Prefer not to say If yes, please check one: First Nations Metis Inuit

Education:

What is the highest level of education you've attained: *(please check one)*

- Less than high school
- High School diploma or recognized equivalent
- Some post-secondary
- College, CEGEP, or Non-university certificate or diploma
- University certificate or Diploma
- University Degree
- Other
- Prefer not to say

School Name: _____ Location: _____

Program: _____ Year: _____

Employment History:

Which best describes your pre-intervention employment status: *(please check one)*

- Employed
- Self Employed
- Unemployed
- In school or training
- Not in labour force

Please provide details of recent employment:

1. Company: _____ Position: _____

Start/End Dates: _____ Reason for Leaving: _____

2. Company: _____ Position: _____

Start/End Dates: _____ Reason for Leaving: _____

For Office Use Only

NAICS (2012) Code: _____ **NOC Code:** _____



Are you or have you been an apprentice? Yes No

If yes, are you registered with the Industry Training Authority (ITA)? Yes No

If yes, what is your registration # _____

Are you a Certified Trades Person? Yes No

If yes, did you obtain your certification in Canada? Yes No

If yes, what province did you obtain your red seal certification? _____

If no, what country did you obtain your certificate? _____

If you checked **Employed** or **Self Employed** above:

How many hours do you work in an average week? _____ Hours

Average hourly wage? \$_____ per hour

Which of the following best describes your employment type? (*check one*)

Seasonal Temporary Casual Permanent None of the above

If you checked **Unemployed** above:

What type of work are you seeking? Full-time work Part-time work

Employment Goals: (*Please be specific*)

1. _____

2. _____

Which of the following employment challenges apply to you (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Difficulty with English | <input type="checkbox"/> Dependent 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"/> Substance Use |
| <input type="checkbox"/> Lack of job search skills | <input type="checkbox"/> Legal issues | <input type="checkbox"/> Lack of motivation |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Other: _____ | |

What wage range you would expect to earn? _____

Do you require specific work hours? If yes, please list days and times: _____

What geographic locations are you willing to travel to for work? _____

Please describe what you have been doing to search for work? (Job Search Activities):

Please tell us why you want to work?

Are there skills you need to develop in order to get a job?

This program runs for thirteen (13) weeks. Program delivery for the first five (5) weeks is conducted through in person or online group sessions (Monday to Thursday 9:00 AM to 2:00 PM) with individual coaching on Fridays between 9am and 2pm. In the eight (8) weeks that follow, participants are expected to independently conduct job search, participate in training if required and work with their coach for individual support Monday to Friday between 9am and 2pm. Is there anything that would prevent you from committing to these hours? (For example, booked vacation or travel, family commitments)

Please rate your computer use/ability. (*Please choose one*) (Poor) 1 2 3 4 5 (Excellent)

What technology do you have to connect to a virtual classroom? _____

Income Source:

Are you currently receiving Employment Insurance Benefits? (*please check one*) Yes No

If EI Claimant was indicated above, have you received, or are you receiving Employment Insurance (EI) benefits: (*please check one*) Currently In the last month In the last 3 months
 In the last 36 months (3 years) In the last 60 months (5 years)

Were these maternal/parental benefits? Yes No

How did you hear about this program?

Please select one:

- WorkBC (which location) _____ Case Manager Name: _____
- Indeed Family/Friend Community Organization Public Library
- Social Media (eg. Facebook, LinkedIn) Internet Search (Google) Other: _____

Have you participated in any other employment program before? Yes No

If yes, Year: _____ Program Name: _____



Participant Consent Form

As part of your participation in the Encore Careers Older Worker Program, personal information will be collected from you including but not limited to your name, social insurance number, contact and demographic information. Following completion of the training, all Participants are required to provide feedback about the program, the outcomes of the training, and whether the training met your employment needs ("Surveys"). You may also be asked if you wish to, or may volunteer to, provide a testimonial regarding your program experience ("Testimonial").

Collection Notice

All personal information in the Participant Intake form, the Surveys, any Testimonial and other information related to your participation in the program ("Personal Information") is collected pursuant to sections 26(c), 26(e), and 27(1)(a)(i) of the Freedom of Information and Protection of Privacy Act. This information will be used for administrative, evaluation, program development, and /or research purposes, including to determine your eligibility for participation in the program. This information may also be disclosed to the BC Ministry of Education, the BC Ministry of Social Development and Poverty Reduction, the BC Ministry of Indigenous Relations and Reconciliation and/or the BC Ministry of Jobs, Trade and Technology for administrative, evaluation, program development and/or research purposes, and will be provided to the Government of Canada ("Canada") to meet reporting requirements about programs funded by Canada through the Canada-British Columbia Workforce Development Agreement. If a Testimonial is provided, the Testimonial may be used and disclosed to publicly promote the program.

Consent and Agreement Effective as of the date set out below, and in consideration of the opportunity for me to participate in the Encore Careers Older Worker Program, I:

- Certify that all of the information that I have provided is accurate and complete;
- Certify that I understand that my agreement to provide this information and complete the surveys is a condition of participation in the program;
- Consent to the collection (including indirect collection), disclosure, and use of my Personal Information by the Province of British Columbia and the Government of Canada for the purposes described above;
- Consent to my Personal Information being used to contact me to conduct the Surveys and to request a Testimonial.

If you have any questions about the collection and use of this information, please contact the Director, Employment and Training Programs, by telephone at 250-508-5671, or by mail at:

Director, Employment and Training Programs
Workforce Innovation and Division Responsible for Skills Training
Ministry of Advanced Education, Skills and Training
PO Box 9189 Stn Prov Govt Victoria BC V8W 9E6

I, the undersigned, hereby accept and agree to the above terms and conditions.

Print Name

Signature Date

(YYYY/MM/DD)

Definitions:

“Dependant” is defined as an individual who lives in the same household as the participant and for whom they have caregiving responsibilities. The dependant may be a child by birth, marriage, or adoption, may be a foster child, or is an adult dependent (e.g. an adult offspring with a disability).

“Casual Employment” means employment for a determinate period where it is known that the employment will not be continuous and will have an end date, whether or not the specific end date is known at the time of employment.

“EI claimant” means a person who is an active Employment Insurance (EI) claimant (i.e. receives employment insurance benefits) or former claimant (who has had an EI claim in the last 36 months, or for whom a claim for maternity or parental benefits has been established within 60 preceding months)

“Employed” means an individual who is receiving, or being entitled to receive, wages for work performed for an employer and being subject to regular employment deductions, or being self-employed. An individual who is working for no wages (i.e. volunteering) is not considered employed.

“First Nations” Officially called “Indians” in the Indian Act, this term refers to the indigenous peoples of North America located in what is now Canada, and their descendants, who are not Inuit or Métis.

“High School” means persons who have completed a high school diploma or equivalent (e.g. General Equivalency Diploma).

“Immigrant” means a person who is foreign born and has been permitted by immigration authorities to live in Canada permanently.

“Indigenous” refers to persons or communities within present day Canada that include First Nations. Inuit and Métis.

“In school or training” means a person who is in school or training and not currently employed.

“Inuit” The Inuit are the Aboriginal inhabitants of the North American Arctic.

“Less than High School” means a person not recognized as having completed a high school diploma or recognized equivalent and who does not have a diploma or certificate recognized in the BC labour market.

“Married or equivalent” means a person who is married and has not separated or obtained a divorce, and whose spouse is still living or a person who is living in a common-law relationship with another person but who is not legally married that person.

“Métis” means a person who self-identifies as Métis, is of historic Métis Nation ancestry, and is accepted by the Métis Nation. Métis people identify themselves, and are recognized, as distinct from First Nations (Indian), Inuit or European descendants. **“Non-EI claimant”** means a person who is not currently eligible for EI benefits and who is not a former claimant.

“Non-university certificate or diploma such as a trades certificate” means a person who has a non-university certificate or diploma from a community college, school of nursing, etc. or a trades certificate or diploma from a vocational or apprenticeship training school.

“Not in the labour force” means those persons not in the labour force who are unwilling or unable; that is, they are neither employed nor unemployed. This also includes discouraged workers, who want to work but are not currently looking for work because they believe no suitable work is available.

“Permanent Employment” means when a job is expected to last as long as the employee wants the job, and as long as business conditions permit.

“Person with a Disability” means an individual who self-identifies as having a physical, cognitive/mental, sensory, or developmental disability which results in limitations executing tasks or actions that relate to employment.

“Personal Information” means recorded information about an identifiable individual other than contact information, as defined in the Freedom of Information and Protection of Privacy Act (British Columbia) (“FOIPPA”).

“Seasonal Employment” means employment for a determinate period, where it is known that the employment will not be continuous and will have an end date, whether or not the specific end date is known at the time of employment.

“Self Employed” means persons who are working owners of an incorporated or unincorporated business, farm, or professional practice, with or without paid help. The “un-incorporated” group includes self employed workers who do not own a business (such as babysitters and newspaper carriers). Self employed workers include unpaid family workers, i.e. persons who work without pay, on a farm or in a business or professional practice owned and operated by another family member living in the same dwelling.

“Single” means a person who has never been married, a married person who is no longer living with his/her spouse (separated) and has not remarried, a person who has obtained a legal divorce and has not remarried, and person who has been widowed and has not remarried.

“Social Insurance Number” means a nine digit number that is necessary to work in Canada and to access certain government services and programs, including EI and social assistance. The Government of Canada assigns SINs to all individuals who have an income or pay taxes.

“Some Post Secondary Education” means a person who had some post secondary education (i.e. post secondary program not complete).

“Temporary Employment” means a job that has a predetermined end date or will end as soon as a specific project is completed.

“Unemployed” means an individual who is not employed.

“University” means a person who has completed university and holds a bachelor’s degree, Master’s degree or PhD.

“Visible Minority” *The Employment Equity Act* defines visible minorities as “persons other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour”. The visible minority population consists mainly of the following groups: Chinese, South Asian, Black, Arab, West Asian, Filipino, Southeast Asian, Latin American, Japanese and Korean.



CONSENT FOR THE RELEASE OF INFORMATION FORM

From time to time Douglas College may wish to communicate about you either by posting messages on notice boards, by listing your name as recognition of achievements or through other public presentation of your name or person.

The Freedom of Information and Protection of Privacy Act protects you against unauthorized use of your personal information. We are requesting your permission to share your information as defined below.

I, _____ give permission for: (circled item/s) (please print full legal name)

• my name to be posted on public notice boards in _____ . Yes No (Department/Area location)

• my name to be printed on awards lists (i.e. contest winner, honorable mention). Yes No

• my name and phone number to be shared with faculty/staff, or others as necessary for _____ purposes. Yes No (specify, e.g. practicum, co-op placement)

• for photographs or other reproductions of my likeness to be used in/for _____ purposes. Yes No (specify, e.g. program notes, college newsletters, video productions)

I understand that it will be my responsibility to notify the (Departmental Assistant) if I wish to withdraw any permission granted on this release form.

Signature: _____ Date: _____

Phone: _____ ID#: _____

Email: _____