



REGISTRATION FORM Encore Careers Program (over 55+)

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.		
	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 Number of Dependents: _____ Social Insurance Number: _____ Telephone Number: Home: _____ Cell: _____ Emergency Contact Name: _____ Email: _____ Relationship: _____ Emergency Contact Number: _____ Citizenship – Are you a: (Please select one) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Protected Person entitled to work in Canada Did you immigrate to Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you identify yourself as a visible minority? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <i>*If yes, arrival date:</i> _____ First Language: _____ <i>country of origin:</i> _____ Additional Languages: _____ Preferred language of correspondence: <input type="checkbox"/> English <input type="checkbox"/> French Preferred language of service: <input type="checkbox"/> English <input type="checkbox"/> French Do you identify yourself as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <i>If yes, please identify:</i> <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Prefer not to answer Where do you live? <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/> Prefer not to answer Are you receiving EI (Employment Insurance)? <input type="checkbox"/> Yes <input type="checkbox"/> No *If no, have you, received EI: <input type="checkbox"/> in the last month <input type="checkbox"/> in the last 3 months <input type="checkbox"/> in the last 36 months (3 years) <input type="checkbox"/> in the last 60 months (5 years) <input type="checkbox"/> None of the above Do you consider yourself a PWD (Person with Disability)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently receiving Income Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been or are you a Youth in Care with the Ministry of Children and Family Development? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you consider yourself a Survivor of Domestic Violence? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Participant Information

Employment Status at Intake	What is your highest level of education achieved? <input type="checkbox"/> Less than high school <input type="checkbox"/> High School diploma or recognized equivalent <input type="checkbox"/> Some post-secondary (partially completed)		<input type="checkbox"/> Trades Certificate or Diploma (_____) <input type="checkbox"/> Diploma (_____) <input type="checkbox"/> University degree (_____)	
	<i>*Please provide more details:</i> Last School Attended _____		Completion date _____ Location (city,country) _____	
	Are you an apprentice? If yes, provide Trades Worker ID or ITA#: _____		Are you a Certified Trades Person? Where did you obtain your certification in Canada? _____	

Employment Status at Intake	Which best describes your status before entering the program? <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In school or training <input type="checkbox"/> Self-employed <input type="checkbox"/> Not in the labour force		
	If you are currently not working, please specify duration of unemployment: <input type="checkbox"/> 0-3 months <input type="checkbox"/> 6 month – 1 year <input type="checkbox"/> 3-6 months <input type="checkbox"/> Over 1 year		
	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 hrs/wk) <input type="checkbox"/> None of the above		
	What are your: Average weekly hours: Average hourly wage: \$		
	What is your occupation? Occupation (NOC): Industry (NAICS):		
	How long have you been employed in this job? ____ Years plus ____ months		
What type of work are you seeking? <input type="checkbox"/> Full time work <input type="checkbox"/> Part time work			
Employment Goals? 1. _____ 2. _____			

Referral Sources	How did you hear about this program? <i>(*Please select one)</i> <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: _____		
	Have you participated in any other employment program before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please specify:</i> _____ Year: _____		

Barriers to Employment	<p>Which of the following barriers might interfere with your ability to find or keep a job? <i>(*check as many as apply)</i></p> <table data-bbox="289 352 1372 619"> <tr> <td><input type="checkbox"/> Difficulty with English</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"/> Substance use</td> </tr> <tr> <td><input type="checkbox"/> Lack of job search skills</td> <td><input type="checkbox"/> Legal issues</td> <td><input type="checkbox"/> Lack of motivation</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Difficulty with English	<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"/> Substance use	<input type="checkbox"/> Lack of job search skills	<input type="checkbox"/> Legal issues	<input type="checkbox"/> Lack of motivation	<input type="checkbox"/> Other: _____		
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Skills	<p>Please rate your computer use ability. (<i>*Please check one</i>) (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 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 your 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> <p>3. Company: _____ Position: _____ Start/End Dates: _____ Reason for leaving: _____</p>																		
Interest in Program	<p>Please describe your activities to gain employment since leaving your last position?</p> <p>Please explain what you are hoping to get out of the program you are applying for?</p> <p>If you are accepted into the program, what possible things might stop you from completing the program?</p> <p>Please identify any days and times when you have commitments and are not available:</p>																		

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 The Employment Services and Supports Program of British Columbia is funded by the Government of Canada through the Canada-British Columbia Workforce Development Agreement.
 - 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 Ministry of Advanced Education, Skills and Training.
 - I consent to being contacted by the Ministry of Advanced Education, Skills and Training (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. Consent may be withdrawn to unsubscribe from Douglas College e-communications by emailing unsubscribe@douglascollege.ca.

Please note - While you are a current Douglas College Training Group client, you will receive informational emails necessary for participation in your programs.

Print Name: _____

Date: _____

Signature: _____



Funding provided by the Government of Canada through the Canada-British Columbia Workforce Development Agreement.