



# URBAN CIRCLE TRAINING CENTRE INC.

519 Selkirk Avenue, Winnipeg, Manitoba R2W 2M6 • Phone: (204) 589-4433 • Fax: (204) 582-6439

## APPLICATION ADULT EDUCATION & EMPLOYMENT PROGRAM

funded by The Manitoba Government, MB Adult Learning & Literacy and C.A.H.R.D.  
and in partnership with  
SEVEN OAKS SCHOOL DIVISION

**\*\*NOTE TO ALL APPLICANTS: All applications MUST be accompanied with the following:**

1. Two (2) letters of reference from professional/working people who know you. For example, a former employer, coworker, teacher, supervisor, or counsellor.
2. A hand written paper telling us why you want to take this program. In this paper state your apprenticeship trade interest and also a little about yourself (autobiography).
3. School Transcript to verify your 2 High School Credits and they must be no older than the year 2004. Contact the last school you attended to obtain this document.

**Please Note:** Students may be required to submit an original and current criminal record check, child abuse registry check and an adult abuse check prior to the work placement which may be a mandatory request by the employers and your career plan.

**1st Application Deadline: Friday, February 9, 2018**

**2nd Application Deadline: Friday, March 9, 2018**

**3rd Application Deadline: Friday, April 6, 2018**

**4<sup>th</sup> Application Deadline: Friday, May 18, 2018**

### **PERSONAL**

1. Name: \_\_\_\_\_  
Last First Middle Suffix Title  
(Sr, Jr) (Mr, Ms, Mrs, Dr)
2. Address: \_\_\_\_\_ Postal Code \_\_\_\_\_
3. Phone: (Home#) \_\_\_\_\_ (Message or Cell#) \_\_\_\_\_
4. SIN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
5. Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y
6. \_\_\_\_\_  
Gender (optional)
7. Email Address: \_\_\_\_\_  
(Print your email address - if accessed daily)
8. Friend or relative where you can be contacted.  
Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_

9. **Are you a:**  
Non-parent   
Parent   
Single Parent

9. **Are you:**  
Status – Off Reserve   
Status – On Reserve   
First Nations   
Métis  Métis Non Status   
Inuit

10. **Please indicate:**  
Band Name: \_\_\_\_\_  
MMF Regional Office \_\_\_\_\_  
Card# \_\_\_\_\_

**CHILDCARE**

10. Number of children/dependents \_\_\_\_\_ 11. Ages of children/dependents \_\_\_\_\_

12. If childcare is needed, subsidized childcare arrangements MUST be made. Please indicate current arrangements:

Name of Subsidized Daycare: \_\_\_\_\_

Name of Back-Up Babysitter: \_\_\_\_\_

**CRIMINAL RECORD CHECK**

13. Do you have a criminal record?       Yes     No

If you answered YES, please explain the charge and how long go?

**FUNDING**

14.a) Are you currently on receiving Provincial (Employment and Income Assistance) or Band Income Assistance?     Yes     No

b) If **yes**, How long? \_\_\_\_\_

d) Income Assistance Source:     Band     Provincial     Not Applicable     Not Declared

e) Income Assistance status:     Active     Not Active     Not Applicable     Not Declared     Pending

f) What is your SAMIN Number? \_\_\_\_\_

g) Have you notified your worker/funding counsellor that you have applied for this program?

Yes     No

**15. Education Training Assessment**

a) Have you been referred by your EIA worker to Training & Employment Services?

Yes     No

b) If **YES**, please provide contact name and phone#: \_\_\_\_\_

16. a) Are you currently **ON** Employment Insurance?       Yes     No

b) If so, when does your EI expire? \_\_\_\_\_

c) Workers Name: \_\_\_\_\_ Office Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

17. a) Have you applied to your Band, the Council or MB Metis Federation for funding?

Yes     No

b) Counsellors Name: \_\_\_\_\_ Office Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

18. Have you ever been funded by MB Metis Federation in the past?     Yes     No

For what course & when? \_\_\_\_\_

19. Where did you hear about this training program?

---

**EDUCATION AND TRAINING**

1. Highest grade/level of education completed: \_\_\_\_\_ Year completed: \_\_\_\_\_  
(yyyy)

2. Have you had any additional training? (e.g. college, university, on-the-job, school placements, court-order, etc.)

Yes  No

	(1) most recent	(2)	(3)
Course Name			
School Name			
Start Date (yyyy/mm/dd)			
End Date (yyyy/mm/dd)			
Status	<input type="radio"/> completed <input type="radio"/> graduated <input type="radio"/> terminated <input type="radio"/> withdrew <input type="radio"/> in progress	<input type="radio"/> completed <input type="radio"/> graduated <input type="radio"/> terminated <input type="radio"/> withdrew <input type="radio"/> in progress	<input type="radio"/> completed <input type="radio"/> graduated <input type="radio"/> terminated <input type="radio"/> withdrew <input type="radio"/> in progress

**WORK EXPERIENCE**

Work Experience: Work Experience can be gained from paid employment, work placements (unpaid work) and volunteer activities.

**Employment Status When Applying to Program:**

Employed  Not Employed- Unemployed  Self Employed

1. Most recent employer (Company Name): \_\_\_\_\_

Job Title \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Salary: \_\_\_\_\_ Average Hours per Week: \_\_\_\_\_  
(per hour, week or year)

Reason for leaving: \_\_\_\_\_  
(choose one: laid off, fired, maternity/parental, relocated, quit, seasonal, sick, term ended, another job, other)

**Please list additional employment on a separate sheet if necessary**

**VOLUNTEER EXPERIENCE**

Have you had volunteer experience or unpaid work experience?  Yes  No

1. Organization/Employer: \_\_\_\_\_

Volunteer Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Reason for leaving: \_\_\_\_\_  
(choose one: laid off, fired, maternity/parental, relocated, quit, seasonal, sick, term ended, another job, other)

**Please list other volunteer work on a separate sheet if necessary**

**Driver's Licence:**

Driver's Licence  Yes  No \_\_\_\_\_ Class(es) \_\_\_\_\_ Airbrake Endorsement  Yes  No

**Essential Skills:** Essential Skills are the workplace-based fundamental skills that make it possible to learn all other skills. It is important to understand if your Essential Skills levels meet requirements for the job and/or training.

Are you comfortable understanding and/or completing written material such as:

When you think about your next steps, will you need to improve any of these skills?

Short memos and notes	<input type="radio"/> Yes	<input type="radio"/> No
Newspapers and brochures	<input type="radio"/> Yes	<input type="radio"/> No
Manuals and policies	<input type="radio"/> Yes	<input type="radio"/> No
Forms (eg. Applications)	<input type="radio"/> Yes	<input type="radio"/> No

Math	<input type="radio"/> Yes	<input type="radio"/> No
Writing	<input type="radio"/> Yes	<input type="radio"/> No
Computer	<input type="radio"/> Yes	<input type="radio"/> No

**Additional Information:**

<b>Are you a person with a disability?</b>		
I have a long term or recurring impairment and consider myself to be disadvantaged in employment by reason of that impairment, or believe that an employer or potential employer is likely to consider me to be disadvantaged in employment by reason of that impairment.		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Declared

**Job Search and Self Marketing Tools:** Self marketing tools are required in order to conduct an effective job search.

Do you have a resume and cover letter?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If <u>yes</u>, is it up to date/current?</i>	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever attended a job interview?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If <u>yes</u>, do you feel you present well and are able to tell employers about your skills/qualities?</i>	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever filled out a job application	<input type="radio"/> Yes	<input type="radio"/> No
<i>If <u>yes</u>, did you have any difficulty?</i>	<input type="radio"/> Yes	<input type="radio"/> No
Do you have stable housing?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have reliable/dependable childcare and back up support?	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="radio"/> Not Applicable	
Do you have medical concerns (physical health, mental health, disability, etc.) that would prevent you from participating in work or training?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If <u>yes</u>, do you require any accommodation to participate in employment or training?</i>	<input type="radio"/> Yes	<input type="radio"/> No
Do you have personal barriers (involvement in the justice system, addiction issues, personal concerns, family ns, etc.) that would prevent you from participating in work or training?	<input type="radio"/> Yes	<input type="radio"/> No

All questions are based on funding and selection criteria requirements, and have been verified with the Human Rights Commission.

Urban Circle Training Centre Inc. works with employers, service providers, educational institutions, municipal, provincial and federal government departments, Manitoba Hydro, and agencies to provide a broad range of training and employment services to eligible participants ("services").

I, the applicant, certify that the statements made by me in this application are true to the best of my knowledge. I also consent to the Adult Education & Employment Training Program Interview Team verifying any information supplied by me (unless otherwise indicated) for the purpose of ensuring my suitability for the program.

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# PRIVACY NOTICE AND CONSENT FORM

## INDUSTRY, TRAINING AND EMPLOYMENT SERVICES



Industry, Training and Employment Services (ITES), within the Government of Manitoba's Department of Education and Training works with employers, service providers, educational institutions, municipal, provincial and federal government departments, Manitoba Hydro, and agencies to provide a broad range of training and employment services to eligible participants ("services").

### PRIVACY NOTICE

#### SECTION 1. WHY ITES NEEDS TO COLLECT AND USE YOUR INFORMATION ("PURPOSES")

ITES needs to collect and use your personal information and personal health information, if applicable, for the following purposes:

- to determine and verify if you are eligible to participate in ITES services,
- to assess your training and employment needs,
- to monitor and record your enrolment, participation and progress in ITES services,
- to administer and enforce ITES services, and
- for research and planning, reporting, monitoring, evaluation and accountability purposes.

#### SECTION 2. OUR LEGAL AUTHORITY TO COLLECT YOUR INFORMATION

Your personal information and personal health information, if applicable, is necessary to provide you with ITES services, and to carry out the activities of ITES. Your personal information is collected under the authority of clause 36(1)(b) of *The Freedom of Information and Protection of Privacy Act* of Manitoba (FIPPA) and your personal health information, if applicable, is collected under the authority of subsection 13(1) of *The Personal Health Information Act* of Manitoba (PHIA). ITES limits the personal information and personal health information it collects about you to the minimum amount necessary for the purposes described in section 1.

Your personal information is protected by FIPPA and your personal health information is protected by PHIA. ITES cannot use or disclose your information for other purposes unless you consent or we are authorized to do so by FIPPA or PHIA.

#### SECTION 3. WHO DO I CONTACT IF I HAVE QUESTIONS

If you have any questions about the collection, use or disclosure of your personal information and personal health information, if applicable, please contact ITES at (204) 945-0575 or toll free at 1-866-332-5077.

### CONSENTS

***In entering your personal information and personal health information, if applicable, into ITES's case management system, or authorizing ITES or another person to do so for you, you are consenting to ITES's collection, use and disclosure of your personal information and personal health information, if applicable, as outlined in this document.***

#### SECTION 4. INFORMATION I AGREE TO PROVIDE TO ITES

I agree to provide ITES with the following personal information and personal health information, if applicable, about me. I understand that this information is necessary for me to participate in ITES services and to carry out the purposes described above in section 1:

- full name, telephone number and address,
- e-mail address and fax number (if any),
- birth date,
- gender,
- education, job skills, experience and credentials,
- health conditions or disabilities that might affect my training or employment,
- details about my progress in ITES services,
- training or employment testing and reports,
- employment status: employed / self employed / not employed,
- employment plans,
- work experience,
- availability,
- follow-up information after completion of ITES services, including satisfaction with services received, employment status, whether ITES services prepared me for future employment, credentials or certifications achieved through ITES services, and my earnings, and
- social insurance number (S.I.N.).

I also agree to provide ITES with any changes to my personal information and personal health information, if applicable, in a timely manner.

#### SECTION 5. CONSENT TO ITES OBTAINING INFORMATION ABOUT ME FROM OTHER SOURCES

519 Selkirk Avenue \* Winnipeg \* Manitoba \* R2W 2M6 \* Phone (204) 589-4433 \* Fax (204) 582-6439

[WWW.URBANCIRCLETRAINING.COM](http://WWW.URBANCIRCLETRAINING.COM)

Page 5 of 8

I consent to ITES collecting the following personal information and personal health information, if applicable, about me for the purposes described in section 1 from the persons and bodies listed below and consent to ITES providing such information about me as may be necessary to obtain the information ITES requires, and I consent to the persons and bodies disclosing the information to ITES:

- details about my progress in ITES services,
- employment testing and reports,
- employment plans,
- medical reports related to employment,
- work experience,
- availability,
- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services under contract with ITES,
- my schools and educational and training institutions,
- my physician \_\_\_\_\_,
- my other health care professionals: \_\_\_\_\_, and
- any Manitoba government department or agency, or federal government department or agency, that has provided or is providing me with services or assistance, including: Employment and Social Development Canada; Service Canada; Manitoba Healthy Living, Seniors, and Consumer Affairs; Manitoba Children and Youth Opportunities; Manitoba Advanced Education and Literacy; Manitoba Family Services and Labour; and Manitoba Immigration and Multiculturalism.

#### **SECTION 6. CONSENT TO ITES DISCLOSING MY INFORMATION**

I consent to ITES disclosing my personal information and personal health information, if applicable, to the following persons and bodies to the extent they need to know the information to carry out the purposes listed above in section 1:

- Employment and Social Development Canada; Service Canada; Manitoba Healthy Living, Seniors, and Consumer Affairs; Manitoba Children and Youth Opportunities; Manitoba Education and Advanced Learning; Manitoba Family Services; and Manitoba Labour and Immigration; and Manitoba Multiculturalism and Literacy,
- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services, assistance or support under contract with ITES, and
- consultants under contract with ITES to conduct research and evaluation of ITES services.

#### **SECTION 7. HOW LONG DOES MY CONSENT LAST**

My consent will last for 4 years.

#### **SECTION 8. CAN I WITHDRAW MY CONSENT**

I understand that I may withdraw my consent at any time by contacting ITES in writing. However, I also understand that if I withdraw my consent, I will no longer be eligible to receive ITES services.

#### **OPTIONAL SELF DECLARATION INFORMATION**

ITES wishes to obtain the following self declaration information from you for research and planning, reporting, monitoring, evaluation and accountability purposes.

*Providing this self declaration information is optional. Not providing it will not affect your eligibility for ITES services, but it may be to your benefit to provide this information.*

**1. Aboriginal Person** – North American Aboriginal ancestry (Métis/Inuit/Status Indian/Non-Status Indian)

**2. Person with disabilities** – I have a long-term or recurring impairment and:

- consider myself to be disadvantaged in employment by reason of that impairment, or
- believe that an employer or potential employer is likely to consider me to be disadvantaged in employment by reason of that impairment

**3. Member of a Visible Minority** – other than an Aboriginal person. Because of race or colour I am considered a visible minority.

**4. Immigrant** – I am a person who is or has been a landed immigrant in Canada (i.e. a permanent resident). A landed immigrant is a person who has been granted the right to live in Canada permanently by immigration authorities.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

# URBAN CIRCLE TRAINING CENTRE INC.

## ELIGIBILITY CRITERIA Adult Education & Employment Program

- \* Indigenous Men and Women Descent – (First Nations Status/Non-Status, Métis Status/ Non-Status, Inuit)
- \* **MUST have 2 High School credits** (Grade 9 to Grade 12). Your last official transcripts must be submitted with application. **Transcripts are required** to verify 2 High School credits they must be no older than the year 2004.
- \* Must be able to demonstrate **a reliable source of income** to cover your personal financial support such as Social Assistance, Employment Insurance, Band/Council Funding, Manitoba Metis Federation, Employment, Spouse, etc. Personal financial support must include transportation, childcare (if required), criminal record check & child abuse registry checks (if required by the work placement host/employer), etc. (see attached list)
- \* Must be available to commit daily Monday-Friday from 9:00a.m. to 4:30p.m. for 6 months
- \* Must be motivated to successfully complete all the academic requirements in receiving a Mature 12 High School Diploma
- \* **Must have an interest upon completion to continue into employment or post-secondary training.**
- \* Good Physical Health in order to fully participate in this full time program
- \* Demonstrated fluency in written and spoken English
- \* Knowledge of Indigenous traditions and/or a second language can be an asset

**PLEASE NOTE:** Urban Circle encourages all people interested in this program to apply. Assistance will be provided to resolve funding questions or barriers.

# **URBAN CIRCLE TRAINING CENTRE INC.**

## **Adult Education & Employment Program**

### **ABOVE & BEYOND PERSONAL COST OF LIVING – ADDITIONAL FINANCIAL ASSISTANCE IS NEEDED FOR:**

- \* Students in the program will require confirmation of the following:
  - monthly transportation (bus pass, tickets, travel, etc.)
  - provide subsidized childcare costs (if required)

### **If required by the work placement host/employer:**

- Criminal record search check costs (\$44.50) required for work experience and to obtain and submit in the month of February (depending on Career goals)
- Child abuse registry check costs (\$20.00) required for work experience and to obtain and submit in the month of February (depending on Career goals)
- Adult abuse check costs (\$20.00) required for work experience and to obtain and submit in the month of February (depending on Career goals)