



Application Form

Please return completed form to home.renovation@ymcaottawa.ca

ELIGIBILITY AND CONTACT INFORMATION

FULL NAME AS SHOWN ON LEGAL DOCUMENTS		DATE OF BIRTH - DAY/MONTH/YEAR
COUNTRY OF BIRTH	WHEN DID YOU ARRIVE IN CANADA? (IF APPLICABLE) - MONTH/YEAR	
TELEPHONE	EMAIL	

QUESTIONS

1. What is your status in Canada? (Permanent Resident, Convention Refugee, Canadian Citizen, or other). Please explain.

2. What province do you currently live in?

3. Is English your first language? Yes No
 If no, what is your Canadian Language Benchmark level in English?

4. What is your highest level of education in Canada?
 Please indicate your highest level of education from outside Canada if applicable.

5. Do you have a driver's license? Yes No What class: G1 G2 G
 If you have a G1, please specify when you can obtain your G2 license.

If you have a driver's license, do you have access to a vehicle? Yes No

6. Why do you want to be part of this program?

7. Describe your past work experience

8. What are your short-term employment goals after graduation?

9. What are your hourly salary expectations for your first job at the end of the program?

10. How will this program help you to achieve your goals?

11. Are you currently employed? Yes No

If yes, what is your employment status? (part-time or survival job, full-time or self-employed)

12. What source of income will sustain you during the 6 months in class?

13. The application for this program is competitive; there are only 50 spots available. Give us 3 reasons why we should select you for the Home Renovation Training Program

14. How did you hear about the program?

15. Any additional notes or information you wish to add?

PRIVACY STATEMENT AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. The YMCA of the National Capital Region and program funders are committed to respecting the personal privacy of individuals who provide information on application forms. The purpose of collecting the personal information requested in this form is to obtain your contact information and work-related data for statistical and program delivery improvement purposes. By signing this form on the space indicated below, you consent to the use of the personal information that you have provided for that purpose. Your personal information, as provided, will only be shared with the staff and partners of the YMCA of the National Capital Region, and will not be disclosed without your consent.

SIGNATURE

DATE