

Essential Service Worker Program Application

Applicant Name:	
Address:	
Phone:	Email:
Age:	Birthdate:

Eligibility Information

Are you a:

Canadian Citizen ____ Yes ____ No Permanent Resident ____ Yes ____ No

Protected Person Entitled to work in Canada ____ Yes ____ No

Are you:

____ Unemployed ____ Underemployed ____ Employed

If employed, how many hours do you work per week? ____

Are you currently attending school? ____ Yes ____ No

Intending to return to school full time this year? ____ Yes ____ No

Are you currently receiving EI (Employment Insurance)? ____ Yes ____ No

Are you currently receiving Income Assistance? ____ Yes ____ No

Are you currently participating in other provincially or federally funded programs?

____ Yes ____ No If yes, please specify: _____

Can you commit to attending a 12-week training program every day? ____ Yes ____ No

Do you have a clear criminal record? ____ Yes ____ No

(Before acceptance applicants must complete a criminal record check)

Education Background

The highest level of school I have completed is: (✓ select best response)

	Less than grade 10		Post-secondary Certificate
	Some high school (grades 10-12)		Post-secondary Diploma
	Grade 12 graduation, GED		Trades Apprenticeship Training
	Any after high school not completed		Trades Certification
	Some Post Secondary Training		Post-Secondary Degree

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Employment History

Job Title:	Industry:
Employer:	
Start Date (YYYY-MM-DD):	End Date (YYYY-MM-DD):

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1. What is your employment goal?
2. Why are you interested in taking this program?
3. If selected for the program, do you have any times you would not be able to attend during the 12 weeks of training?
4. Do you have access to a computer, webcam, and high-speed internet to attend online training?
5. What level of computer skills do you consider yourself to have? ____ None ____ Beginner ____ Intermediate ____ Excellent?

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6. Are you interested in taking one ECE course as part of the program to work in Daycare settings (participants will have the choice to add on this course if interested in employment in childcare settings)
7. Are there any disability related supports or accommodations you require assistance with to successfully complete the program?
8. Tell us about your plans following the completion of this program?

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Participant Consent Form

Participant Consent Form As part of your participation in the Employment and Training 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, Economic Development and Innovation 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 a Employment and Training 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, Targeted Workforce Skills Training, by telephone at 250-415-6307, or by mail at: Director, Targeted Workforce Skills Training Workforce Development and Skills Training Division Ministry of Post-Secondary Education and Future Skills 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

(YYYY/MM/DD)



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