





Painter Decorator Pre-Apprenticeship Training Program for Women Application Form 2020-21

(Please print and fill out this form and bring it with you to your testing/interview appointment)

Please bring copies of the following documents to your testing and interview appointment at the training site located on 130 Toro Rd, Toronto (major intersection Keele & Finch)

- 1. Resume
- 2. Social Insurance or PR Card or Proof you are legally entitled to work (and reside) in Ontario

In accordance with current privacy legislation, the information contained in this form will not be shared or used for any other purposes that to process the application for admission into the program.

FIRST NAME							
AST NAME:							
ADDRESS:				APT #:			
CITY:	POSTAL C	CODE:					
EMAIL:							
PHONE NUMBER:							
DATE OF BIRTH: YEAR							
GENDER: (SELF-IDENTIFY)							
Do you identify as a member of visible minority group? ☐ Yes ☐ No							
Country of Birth:							
Language (s) spoken:							
Do you have access to a car?	□ Yes □	□ No					
G2 or G driver's license?	□ Yes	□ No					
Highest level of education attained (copies of your education documents will be required prior to admission)							
If obtained outside of Canada, have □ Yes □ No □ Not Applicable	your educatio	on documents be	een officially as	ssessed/translated?			
Have you ever been convicted of a criminal offense for which you have not been pardoned? ☐ Yes ☐ No							
Have you been living in Canada less	than 5 years?	□ Yes	□ No				









1.	Do you have any existing health conditions that may prevent your full participation in the
	training and job placement components of the program?

2.	2. Check all options that may apply to your current financial status?								
	□ Ontario Works	□ Ontario Disab	ility Support Plan						
	☐ Employment Insurance	☐ Personal Savings/ Family support							
	☐ Working Full time	☐ Working Part time	□ Volunteering						
	□ Other								
3.	3. Is your housing situation stable?								
	□ Yes □ No								
4.	. Do you have reliable childcare to attend all the components of the training and secure long-t employment upon completion of the program?								
	□ Yes □ No	□ Not Applicable							
	If No, what is your plan?								
Signatu	re:	Date:							

(Confidential when completed)