



A TURNING POINT
FOR WOMEN



Terrazzo, Tiles and Marble Setter 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 30 Capstan Gate, Units 4 and 5, Concord (major intersection Keele St. & Steels Ave. West)

1. 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 _____

LAST NAME: _____

ADDRESS: _____ APT #: _____

CITY: _____ POSTAL CODE: _____

EMAIL: _____

PHONE NUMBER: _____

DATE OF BIRTH: YEAR _____ MONTH _____ DAY _____

GENDER: (SELF-IDENTIFY) _____

Do you identify as a member of visible minority group? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Birth: _____	
Language (s) spoken: _____	
Do you have access to a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G2 or G driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Highest level of education attained (<i>copies of your education documents will be required prior to admission</i>)	
If obtained outside of Canada, have your education documents been officially assessed/translated?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Have you ever been convicted of a criminal offense for which you have not been pardoned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been living in Canada less than 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> 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. Check all options that may apply to your current financial status?

- Ontario Works Ontario Disability Support Plan
 Employment Insurance Personal Savings/ Family support
 Working Full time Working Part time Volunteering
 Other _____

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-term employment upon completion of the program?

- Yes No Not Applicable

If No, what is your plan?

Signature: _____ Date: _____

(Confidential when completed)