



NATIONAL ADVOCACY
COMMUNITY ACTION



Painter Decorator Pre-Apprenticeship Training for Women Application for Admission Form 2021-22

The following documents are required to be accepted in the program and must be submitted with this completed Application for Admission Form.

1. Resume
2. A copy of your Social Insurance / PR Card / Proof you are legally entitled to reside & work in Ontario
3. Government issued proof age document
4. Proof of education

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 & 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>copy of qualifying academic 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 attended another skilled trades program at the YWCA Toronto or another trades training institution in the last year?		
<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 <input type="checkbox"/> Not Applicable		



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

- Allergies to fumes Yes No
- Allergies to dust Yes No
- Afraid of heights Yes No
- Concerns wearing harnesses and other protective equipment Yes No
- Carrying or lifting 25 lb Yes No

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 for long term childcare?

Signature: _____ Date: _____

(Confidential when completed)