Graphic Communications and Print Training Program Application form

60 Brant Street, Toronto ON M5V 3G9 - Tel: (416) 364-4716; Fax: (416) 364-2985

The Phoenix Print Shop offers an 8 week hands on Fundamentals of Print Training Program to prepare and assist homeless and at-risk youth (between the ages of 16 and 29) in finding and keeping good employment in the printing industry.

This Referral Form should be submitted to:

Gavin Bevan, Graphic Communication & Print Training Instructor T (416) 364-1674 x265; F (416) 364-7533; gbevan@evas.ca

Once your Referral Form has been reviewed, you will be contacted to schedule an interview and tour of the print shop.

Agency:

Referring Worker:

-							
Telephone and Ext. #:		Fax:	E-				
mail:		_					
How long have you been working with this individual?							
Name:							
Email:							
		T		V52 N2			
Phone Number:		Can we leave messages on this number? YES NO					
What is your ethnicity? [For e	xample: Indigenous.	What is your gender?					
Black/African Canadian, Cauca		1. Female					
Southeast Asian, etc.)		2. Male					
		3. Transgender					
			Gender non-binary Other:				
Danish have an abildon 2.	VEC. NO						
Do you have any children? YES NO		Were you born in Canada? Please circle one. YES NO If no: where were you born? What year did you first come to Canada?)					
		ii iio. wiie	ere were you born: What year did	you mist come to canada:)			
Today's Date:		Please list any allergies:					
Year of Birth:		Have you ever been eligible for Employment Insurance? YES NO					
Highest level of school:		Do you have a SIN card? YES NO					
Are you out of school? YES NO		Closest major intersection:					
In the past 12 months, have you been enrolled in a school or a training program? Please circle one. YES NO							
What is your housing situa							
O Living independently O With family/guardi		ian	O Shelter O Other (Details):				
Comments:							
What is your source of income?							
O Employed O Ontario Works			O Employment Insurance	O ODSP			
О РИД	O None		O Other (details):	0 0001			

	Describe your work experience:								
0	No paid work experience		O Several jobs that lasted less than 1 year each						
0	Had a few short term jobs	(all less than 6 months)	O Kept a job for more than two years						
	Comments:								
	Please select the barriers to employment you are facing (select all that apply)								
0	Housing	O Not completing high school	O Conflict with the law	O Substance use					
0	Mental health	O Lack of skills/experience	O Lack of social support	O Street involvement					
0	Other(s) Please list:								
		n participating in a print industry t							
	RELEASE OF INFORMATION – EVA'S PHOENIX								
	l,	I,, hereby permit any exchange of information deemed appropriate between the							
Phoenix Print Shop, Eva's Phoenix and:				in order to support my					
	participation in the Phoenix Print Shop training program. I understand that the information exchanged will be used for								
	my benefit and handled in a discreet and confidential manner.								

Referring Worker

Date Signed

Applicant

Date Signed