



2022 TRAINING & EMPLOYMENT PROGRAM APPLICATION FORM

Please return the signed and completed form including required supporting documents, via email employmentintake@evas.ca. We accept referral & application form via email only.

PLEASE READ BELOW BEFORE COMPLETING THE APPLICATION FORM.

- 1) Please note that submitting an application form does not guarantee the applicant's acceptance.
- 2) Section II. The Intake Application form must be completed by the applicant, not referring worker.
- 3) Incomplete application (e.g. more than two questions not answered, required document not attached) will be returned.
- 4) Only qualified applicants will be considered. Please review each program's eligibility requirements.
- 5) Due to the Covid-19 pandemic, all program activities may be delivered virtually.
- 6) Participants may be required to have access to a computer, INTERNET, headset, own space to attend full-time training/placement, etc.

2. PARTICIPANT EXPECTATIONS

- 1) **Punctuality:** Participants are expected to arrive on time each day of the program. Unexplained late arrivals may impact the overall success of the participant.
- 2) **Commitment:** Participants are expected to commit to all program activities, which are mostly full-time, Monday through Thursday. Participants who have other personal life commitments that may impact their attendance are encouraged to explore applying to future cohorts or other programs.
- 3) **Performance:** Eva's Training & Employment programs are treated as a place of employment, and therefore the expectation to adhere to all policies/rules both in the workshops and on worksites. Behaviour contrary to this may impact the overall success of the participant as well as the program.
- 4) **Communication:** Participants are expected to have an active phone number and/or email address that is monitored consistently and can be used for program participation and employment purposes.

YSEP (Youth Succeeding in Employment Program)

- 20-week (5-week training + 15-week work placement), full-time, paid participation at minimum wage per hour
- YSEP begins with 5-week work readiness training and works towards developing important in-demand soft skills, knowledge and networks required in the current job market. Through supportive employment counselling and individualized action plans, participants increase their employability and obtain several industry-recognized certifications (i.e., SMART Serve, Food Handler, CPR/First Aid) while preparing for a placement matched with their individual career goals.
- Participant eligibility criteria
 - 1) Be between 15 - 30 years old
 - 2) The YSEP program will need your commitment to be available to attend the 20-week program.
 - 3) Monday to Thursday 9:30 am – 4:00 pm for the first 5 weeks of in class employment training.
 - 4) Monday to Friday 9:00 – 5:00 pm for the next 15 weeks in a placement
 - 5) Legally allowed to reside/work in Canada (*Notice of Decision and/or valid work permit required)
 - 6) Have valid Social Insurance Number (SIN)
 - 7) Not be in receipt of Employment Insurance (EI)
 - 8) Not be in full-time school or employment
 - 9) Not be currently active with another Service Canada funded employment program
 - 10) Motivated to work in a full-time position upon completion of the 5-week training

SECTION I. TO BE COMPLETED BY REFERRING CASEWORKER, IF APPLICABLE:

Date of Referral:	
Referring Case Worker:	Agency:
Telephone & Extension:	Email:
Applicant Name:	How long have you been working with this youth?
<p>DECLARATION OF RELEASE: I, _____ (WORKER FULL NAME) OF _____ (AGENCY NAME) HEREBY DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION PROVIDED IN THE REFERRAL & APPLICATION FORM IS TRUE AND COMPLETE. EVA'S MAY CONTACT ME IF CASE COLLABORATION AND/OR FURTHER INFORMATION OF THE APPLICANT IS REQUIRED.</p> <p style="text-align: center;"> _____ _____ Signature Date </p>	

SECTION II. INTAKE APPLICATION FORM TO BE COMPLETED BY THE APPLICANT

1. GENERAL INFORMATION

Date:	Date of Birth & Age:
Legal Full Name:	Preferred Name:
Gender Identification:	Gender Pronoun:
Address:	Email address:
Contact phone#:	Safe to call? <input type="checkbox"/> Yes <input type="checkbox"/> No Ok to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No Ok to email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred method of communication: <input type="checkbox"/> Call <input type="checkbox"/> Voicemail <input type="checkbox"/> Email	Are you available Monday - Friday (9:30am-4:30pm) for 17 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. BACKGROUND INFORMATION & REQUIRED SUPPORTING DOCUMENTS

1. You are (check all that apply):			
Indigenous (e.g. First Nations Status, Non Status, Métis, Inuit)		South Asian (e.g. East Indian, Pakistani, Sri Lankan, etc.)	
Black		Chinese	
Latin American		Filipino	

West Asian (e.g. Iranian, Afghan, etc.)		Southeast Asian (e.g. Vietnamese, Cambodian, Laotian, Thai, etc.)	
African		Arab	
Korean		Japanese	
White		Other (please specify):	

2. What is your current status in Canada?

Canadian citizen
 Native status
 Landed immigrant
 Permanent Resident
 Convention Refugee
 Refugee Claimant
 Other (please specify):

3. Social Insurance Number

1) Your Social Insurance Number:
2) **Please attach a copy of your Social Insurance Number.**

4. Health Card (***For YSEP and YSEP + GCP Training applicant only**)

1) Your Health Card Number:
2) **Please attach a copy of your Health Card.**

Are you currently receiving Employment Insurance (EI)? (***For YSEP and YSEP + GCP Training applicant only. To join the YSEP and YSEP + GCP Training, your EI account must be deactivated.**)
 Yes
 No

6. Do you currently have a bank account?
 Yes
 No

3. HOUSING

Where are you currently living?

Shelter
 Independent
 Family/Friends
 Couch Surfing
 On the Street
 Other (please specify):

4. EXPERIENCE IN TRAINING & EMPLOYMENT

1. Are you currently employed, or participating in any employment or training program? <input type="checkbox"/> YES <input type="checkbox"/> NO	1-1) If YES, what's the name of the program/job you are currently enrolled in? Is it part-time or full-time?
	1-2) If NO, would you be available for the full duration of 5-17 week training program and any part-time or full-time placement that follows? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Describe your previous work experience (Check One):

- No paid work experience Had several jobs that lasted less than 1 year each
 Had a few short term jobs (all less than 6 months) Have kept a job for more than 2 years

3. Briefly describe your work experience below (including full-time/part-time and other forms of employment), or please attach your most up-to-date resume:

Position Held	Company	Duration	Reason for leaving

4. Have you completed any training or certification programs in the past? If you have, please briefly describe the training or certification program(s).

5. What areas of work are you interested in? (Check all that apply)

- Customer Service & Sales (Food & Beverage/Retail) Graphic Design and Printing
 Non-profit/Social Services Construction & Building Maintenance/General labour
 Others (i.e. Office Administration, Security, etc.)

6. What are your short-term and long-term employment goals?

7. What do you think is preventing you from gaining employment? (Select all that Apply):

- Housing Substance use
 Lack of Social Support Mental Health
 Conflict with the law Physical Health
 Street Involvement Lack of Skills/Experience
 Not completing high school Other; Please explain:

5. EDUCATION

1. What is the highest level of education you have completed?		
2. Are you currently enrolled in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have any plans to go back to school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. SUPPORT NETWORK

1. Who/what are the supports in your life (i.e. family, caseworker, school, counsellor, therapist, doctor, etc.)?
2. How often do you connect with these supports?

7. HEALTH STATUS

*Applicant is not mandatorily required to disclose any confidential information about their health status. However, if the applicant's health status can affect their attendance, it needs to be addressed below so that we can find ways to accommodate the applicant.

1. How would you rate your physical health?	<input type="checkbox"/> Not Good	<input type="checkbox"/> Ok	<input type="checkbox"/> Great
2. How would you rate your mental health?	<input type="checkbox"/> Not Good	<input type="checkbox"/> Ok	<input type="checkbox"/> Great
3. Please explain if you have any physical health concerns that may affect your full participation in program:			
4. If applicable, do you have mental health supports in place? Please specify:			
5. Would you be interested in connecting with Eva's mental health supports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

6. Is there anything that may trigger your emotions/anger/frustration?

7. How do you usually cope with your emotions/anger and/or frustration?

8. Are you actively using substances (alcohol/drugs)? Yes Occasionally No

***PLEASE NOTE THAT THIS PROGRAM EXPECTS PARTICIPANTS TO ARRIVE SOBER FOR ALL PROGRAM ACTIVITIES/PLACEMENT/EMPLOYMENT. If this may be a concern for you, please let us know.**

8. INDEPENDENT LIFE SKILLS

PLEASE RATE YOUR SKILLS OUT OF 3. SCALE: 1 IS NOT KNOWLEDGEABLE - 2 IS MODERATE - 3 IS VERY KNOWLEDGEABLE			
Financial Literacy (making a budget, following the budget, saving, debt, etc.)	1	2	3
Conflict Resolution (working with others to peacefully resolve disagreements)	1	2	3
Interpersonal (skills used to interact with others in healthy ways)	1	2	3
Personal Hygiene and Care (showering daily, laundry, cleaning, etc.)	1	2	3
Getting a job (job search, resume, applying, interviewing, your rights, etc.)	1	2	3
Following written instructions	1	2	3

9. MONEY MANAGEMENT

From where are you currently receiving income (check all that apply)? ODSP CAS OW OSAP

PT/FT Employment Other (please specify):

SECTION III. PROGRAM SPECIFIC SECTION TO BE COMPLETED BY THE APPLICANT

III – 1. FOR THOSE WHO ARE APPLYING TO YSEP ONLY:

1. Why are you interested in participating in YSEP?

2. How would you remain motivated throughout the 20-week full-time program?

3. What would be three major barriers you may face to full-time YSEP attendance if you get accepted, and what type of support would you need in order to mitigate those barriers?

III – 2. FOR THOSE WHO ARE APPLYING TO YSEP + GCP:

1. Why are you interested in participating in Graphic Communications & Print Training program?

2. Is there anything in your life that would prevent you from attending the program Monday to Thursday, 9:00 am to 4pm?

4. Do you have any previous experience in Graphic Design or Printing?

SECTION IV. DECLARATION AND RELEASE OF INFORMATION

I, _____ (Applicant Full Name), _____ (Date of Birth), hereby declare that, to the best of my knowledge and belief, the information provided above is true and complete.

I also hereby permit any exchange of information deemed appropriate between Eva's Initiatives for Homeless Youth, and the referring worker/agency to facilitate my application. I understand that the information exchanged will be handled in a discrete and confidential manner.

Signature of applicant

Date

Please send completed application form to employmentintake@evas.ca