



APPLICATION FORM

Segue Career Options

Please check box for program applying to: JUMP (Winkler) STEP (Winkler) STEP (Steinbach) OPPs (Winkler)

To be Completed by Segue Personnel Date Received: _____ Intake Interview Date: _____ Interviewers: _____
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To Be Completed by Applicant

*** Please fill in ALL blanks. If it does not apply, write **N/A** ***

Name: _____ Date of Birth _____ S.I.N. _____
DD/MM/YY

Home Phone: _____ Cell Phone _____ Gender: Female Male

PHIN: _____ MHSC: _____
Personal Health Information Number - 9 digits Manitoba Health Services Card - 6 digits

Street Address: _____ Years at Current Address: _____
City/Prov. Postal Code

Mailing Address: (if different from above) _____

E-mail: _____ Marital Status: Single Married Divorced Separated

Number of Children: _____ Age(s) circle all that apply: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+

Do you have dependable childcare? Yes No Child Care Provider: Private Public Family

Contact in case of emergency: _____
Name Phone Number Relationship

Driver's License: No Yes DL# _____ Expiry Date: _____ Class: _____ Access to a vehicle: Yes No

Primary/Secondary Education: Highest Grade Completed _____ Year _____ School _____
School Name/ Location

If applicable, was your High School Diploma: Regular Modified Adapted Vocational _____
Area of Training

Trade School or Other Training or Certifications: _____

College/University: _____
Name Degree/Certificate/Diploma/ Area of Study Year Completed

Are you interested in further education? Yes No What sort of education would you consider? _____

Describe your interests, hobbies, or special abilities: _____

Current Income Source: Employed _____ hours per week Unemployed since: _____
Date

Financial Support from Family None Band EIA EI Date Coverage Expires: _____

Worker, if applicable: _____
Name Phone Number

Aboriginal Status: Non-Aboriginal Inuit Metis Status On-Reserve Status Off-Reserve Non-Status

Are you a member of a visible minority? (Non-Caucasian other than Aboriginal; visible disability) **Yes** **No**

Are you an immigrant or refugee? Yes No Landed Date: _____

Please list your last three places of employment:

1) Employer: _____ Start Date: _____ End Date: _____

Type of work/duties: _____

Reason for leaving: _____

Supervisor: _____ May we contact them? Yes No Phone # _____

If no, why? _____

2) Employer: _____ Start Date: _____ End Date: _____

Type of work/duties: _____

Reason for leaving: _____

Supervisor: _____ May we contact them? Yes No Phone # _____

If no, why? _____

3) Employer: _____ Start Date: _____ End Date: _____

Type of work/duties: _____

Reason for leaving: _____

Supervisor: _____ May we contact them? Yes No Phone # _____

If no, why? _____

Explain any gaps in your employment and any other employment experiences:

Previous Volunteer Work:

1. Name of Agency/Organization: _____ Supervisor: _____

Type of work/duties: _____

2. Name of Agency/Organization: _____ Supervisor: _____

Type of work/duties: _____

Describe Any Specific Skills Obtained: _____

Other involvements (church, youth group, camp, clubs, etc.):

Describe the type of work you would enjoy: _____

What type of work environment would you prefer? Indoor Outdoor Retail Manufacturing

Available hours of work Daytime Evenings Shift Work Weekends

Describe any medical issues, challenges or barriers you may have to obtaining employment, i.e. mental health diagnosis, learning challenges, intellectual or physical disability, etc. Please specify:

How did you find out about this program? _____

Name Agency Address Phone Number

References:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for contact with referral office or for immediate termination of any Segue programs. I authorize the verification of any or all information listed above.

Signature _____ **Date** _____

Personal Information Declaration of Confidentiality

I, _____, the participant, agree with the following statements:

I understand that Segue Career Options shall keep in confidence and trust all information which may have been communicated to, acquired, or learned by its staff in the course of their employment, unless authorized in writing by the participant.

I understand that all information that I disclose on my application for participation, potentially within the classroom portion of the program, throughout my employment, and onwards will be used for statistical purposes for program funding. I also understand that information will only be shared with other organizations when it applies to my eligibility or involvement within Segue Career Options with authorization from the participant. Segue Career Options shall use the confidential information only for the purpose of evaluating participant work experience, participant employment, and/or employment relationships. I understand that Segue Career Options will store my confidential information through electronic and paper files.

I understand that I may come in contact with confidential information during my potential participation within a program with Segue Career Options. As part of the condition of my involvement with Segue Career Options, I hereby agree to keep in strict confidence any information regarding other participants that they disclose within their involvement with Segue Career Options, as well as any information obtained on a work placement or employment through Segue Career Options.

I understand that if I am not accepted into a program affiliated with Segue Career Options, the organization will continue to keep my personal information confidential.

I understand that under the Duty to Warn and Duty to Protect policies, Segue Employees may need to disclose confidential information if it pertains to, but is not limited to, potential harm to myself/another or criminal activity.

Upon inappropriate disclosure of information, or failure to abide by the following declaration the appropriate disciplinary actions will be implemented, which may lead to grounds for dismissal.

Name of Participant

Name of Witness

Signature of Participant

Signature of Witness

Date

Date

RELEASE OF PARTICIPANT INFORMATION RELATED TO SEGUE PROGRAMS

Please complete, sign and date the following statement to affirm your consent. In doing so, Segue Career Options will be able to deliver the best possible services to meet your needs.

If applicable, please indicate which services – counseling, benefits, job search assistance, etc. - you access through the following:

EMPLOYMENT MANITOBA: Service: _____ Worker: _____ Ph. # _____

SOCIAL ASSISTANCE (EIA): Service: _____ Worker: _____ Ph. # _____

SOCIETY FOR MANITOBANS WITH DISABILITIES (SMD): Worker: _____ Ph.# _____

ADDICTIONS FOUNDATION OF MANITOBA (AFM): Worker: _____ Ph. # _____

CHILD & FAMILY SERVICES (CFS): In care? Yes No Worker: _____ Ph. # _____

COMMUNITY MENTAL HEALTH: Service: _____ Worker: _____ Ph. # _____

COMMUNITY LIVING MANITOBA: Service: _____ Worker: _____ Ph. # _____

MARKETABILITIES/VOC. REHAB: Service: _____ Worker: _____ Ph. # _____

PROCTOR OR OTHER (please specify): _____

I authorize SCO to obtain and share information about me from and to all applicable and necessary sources, e.g. service providers, agencies, educational institutions, family, healthcare providers, and other municipal, provincial and federal departments or corporations as listed above. This information may include details about my progress, employment assessments and plans, medical reports required for employment, work experience and availability.

This information is protected under the Freedom of Information Act (FIPPA), Protection of Privacy Act and the Personal Health Information Act (PHIA).

I hereby consent to release the information contained in this form regarding my participation in this program. I acknowledge that the information is collected and administered in accordance with the *Privacy Act* and applicable privacy laws and that it may be used to determine my eligibility for this program and for the evaluation and accountability of the program. Segue Career Options (SCO) requires personal information for the purpose of verifying your eligibility, enrollment and participation in programs and activities with SCO and other related or relevant programs. (This consent form is valid for 5 years after your file is closed. I understand that I may revoke this consent at any time with written notice to Segue Career Options. I also understand that in so doing I may become ineligible to receive services from SCO.)

Applicant's Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____