



To be Completed by Segue Personnel Date Received: _____ Meeting Date: _____
 Meeting with: _____

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: _____

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

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

Mailing Address: (if different from above) _____

E-mail: _____ May we contact you by email? Yes No

Marital Status: Single Married Common Law Divorced Separated Other _____

Number of Children: _____ Please list the age of each child: _____

Do you have dependable childcare? Yes No Do you have backup childcare? Yes No

Contact in case of emergency: _____
Name Phone Number Relationship

Driver's License: Yes No 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

Did you complete College/University? Yes No

If yes, graduation year: _____ If no, number of years completed: _____

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

Do you have access to: Computer / Laptop / Phone Quality Internet Quality Work Space None

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: _____

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

Would you like to self-declare any medical issues, challenges or barriers you may have, so that we may accommodate you?
(mental health diagnosis, learning challenges, intellectual or physical disability, etc.) Please specify:

List any allergies / sensitivities: _____

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: _____

Is there any other information you would like to share with the program staff that would be important for us to know?

I confirm that all information contained in this application is true and complete to the best of my knowledge. I understand that false information may result in Segue staff contacting my referral office or for immediate termination of my involvement in any Segue programs. I authorize the verification of any or all information listed in this form.

Signature _____ Date _____

We have a lot of different programs designed to help you! Check off all the options that sound interesting to you:

Employment Services

- 1-on-1 Employment Sessions** – For those looking for employment but work best in smaller settings or want to move into the workforce quickly. These sessions will focus on topics such as cover letters, resumes, interviews, and more! Sessions may be in-person or online.
- E3 – Encourage. Equip. Empower.** 3-week job readiness training program. Entry into E3 requires additional commitment to Wellness U30.
- Group Employment Sessions** – Group sessions covering essential skills, employment training, job search, career exploration, etc.
- Online Learning** – Online Learning is presented through Canvas and Microsoft Teams. Topics could include employment training, job search, work skills, self-awareness, and more! Must have access to a reliable internet connection and a computer/tablet/cell phone.
- Work Experience (W/E)** – Full time or part time 8-week work placement in a field of your skillset. W/E requires personal initiative and visible commitment to job-readiness training within Wellness U30. W/E must be approved by Segue staff.
- Assistance with Employment-related Certifications** – This could include First Aid/CPR, Non-Violent Crisis Intervention Training, Food Handler's, etc

Wellness Sessions

- 1-on-1 Life Skills Sessions** – For those looking to learn more about life skills such as cooking, grocery shopping, laundry, making phone calls, getting a bank account, and more! Sessions may be in-person or online.
- Book Club** – A time to work through some literature with others to think through and discuss topics presented. Meets weekly.
- Coffee + Conversation** – Weekly drop-in sessions where the coffee is hot and the conversation is social.
- Computer Lab** – Drop-in time to develop computer skills, work on your resume or cover letter, or search for jobs. Instructors will be available to assist you.
- Creative Sessions** – A variety of creative expressions, including DIYs, storytelling, artwork, etc.
- Financial Literacy** – A class for gaining the skills needed to handle finances properly and build financial success.
- Help Others** – Creating community and confidence through serving others.
- Personal Growth Sessions** – Discussions and teaching to help you grow in personal areas of your life. Topics **could** include self-esteem, resilience, values, time management, emotional intelligence, growth / fixed mindset, nutrition, music, etc.
- Physical Activity** – Getting healthier through healthy movement. This could include walks, outdoor yard games, longboarding, etc.
- Social Connection** – Board games, Movies, or an Escape room game all for building your social network in a relaxed atmosphere.



Box 435 309 Main St
Winkler, MB R6W 4A6
P: 204-325-8988
F: 204-325-8742

21 Loewen Blvd.
Steinbach, MB R5G 0L4
P: 204.320.6034

segue@edenhealthcareservices.ca

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 Segue Staff

Signature of Participant

Signature of Segue Staff

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. # _____

MANITOBA POSSIBLE (formerly Society for Manitobans with Disabilities): 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. # _____

EAPD (formerly marketAbilities): Service: _____ Worker: _____ Ph. # _____

OTHER (Backstage//Headway/CDC/Proctor/etc.) (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:** _____

Segue Staff Signature: _____ **Date:** _____