



Application for Culinary Employment Skills Program

(A partnership between Christian Horizons and Humber College)

PLEASE HAVE APPLICATIONS IN BY **JUNE 17, 2016**. THERE ARE **15 SPACES** AVAILABLE.

Application Eligibility:

- 18 years of age or older and a Canadian citizen or landed immigrant
- Have a developmental disability
- Desire to work full time, part time or be self-employed in the food industry
- Ability to work semi-independently
- Ability to obtain or have access to transportation (to work placements, Humber College North Campus and 155 Deerhide Cres.)

All information on this form will be held in confidence. Please print clearly.

Date:

LAST NAME:		FIRST NAME:	
DATE OF BIRTH: ____/____/____ AGE: () dd / mm / yyyy		ADDRESS: _____ APT #: _____	
CITY: _____		PROVINCE: _____	POSTAL CODE: _____-_____
PHONE #: () _____-_____	CELL PHONE #: () _____-_____	WORK PHONE #: () _____-_____ Ext. _____	
E-mail address: _____		SIN #: _____-_____-_____	
Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No If not eligible, please provide details: _____			
EMERGENCY CONTACT:		RELATIONSHIP:	EMERGENCY PHONE #: () _____-_____ Ext. _____
FIRST LANGUAGE:		OTHER LANGUAGES:	

CITIZENSHIP STATUS:	RELIABLE TRANSPORTATION: <input type="checkbox"/> Yes <input type="checkbox"/> No How will you be getting to/from program?
PRIMARY CAREGIVER: <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Other – Specify: _____	CURRENT RESIDENTIAL SITUATION: <input type="checkbox"/> Family Home <input type="checkbox"/> Own Home <input type="checkbox"/> Relatives <input type="checkbox"/> Group Home <input type="checkbox"/> Other – Specify: Lives with:

MEDICAL INFORMATION

Developmental Diagnosis?: Yes No

If YES, indicate diagnosis:

Do you have a Dual Diagnosis?: Yes No

If YES, indicate diagnosis: (Example: development delay/schizophrenia)

Taking Medication?: Yes No

If YES can you:
Self-administer your medications? Yes No

Work with equipment/kitchen utensils while taking those medications? ? : Yes No

List any side effects that you may experience:

Please check off and describe which apply to you:

Allergies _____ Hepatitis B _____
 Diabetes _____
 Epilepsy _____

History of behavioural concerns; please check off and briefly describe (triggers, what it may look like, etc.):

Physical Aggression/Violent _____
 Verbal Aggression _____
 Self Harm _____
 Threats/Weapon Use _____

Can the applicant work safely in a professional kitchen (gas stoves, fryers, knives)?: Yes No
 Please provide relevant information: _____

SOCIAL SUPPORT

Current Support – Past and Present

Type of Support: Home/self Agency

Name (family/friend): _____ Tel: _____ Ext. _____ How long? _____
 Address: _____ Permission to contact? Yes No

Name of Agency: _____ Tel: _____ Ext. _____ How long? _____
 Address: _____
 Contact: _____ Permission to contact? Yes No

Receiving Income Support? Yes No

- Please indicate as applicable:
- 1. ODSP
 - 2. Ontario Works
 - 3. Employment Insurance
 - 4. Workplace Safety and Insurance
 - 5. Canada Pension Plan
 - 6. Accident, Sickness, Disability Insurance
 - 7. Self
 - 8. Support from family
 - 9. Other; Please describe: _____

EDUCATION

		Name of school and level of education completed
Completed Elementary School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed Secondary School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed College	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-Secondary	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Training or Programs Completed:

CO-OP/VOLUNTEER EXPERIENCE (*Unpaid Work Experience*)

Dates	Job Title/Duties	Company	Reason for Leaving

WORK HISTORY (*Paid Work Experience*)

Dates	Job Title/Duties	Company	Reason for Leaving

ADDITIONAL INFORMATION

Do you require any accommodations while in the workplace? Please specify.

Can you do an interview independently? Or do you require support? (If so, what kind of support)?

Are you available for the full 9 months that the program runs? (Excluding Christmas Break and Reading Week).

Can you attend every Tuesday to Saturday?

Are you flexible in your hours of availability to attend class and placement? For example, placements may occur at a different start and finish time than classroom sessions.

How did you hear about this program? (referral source – name, organization, etc.)

Why do you want to attend this program?

We will contact you after the deadline and initial screening process. Those who pass the screening process will be contacted for interviews thereafter.

Name of Person Completing this Application: _____
(Please print)

If you are called for an interview, please provide contact information:

Name:

Relationship (if applicable):

Contact Information: Phone _____ Email _____

PLEASE COMPLETE AND EMAIL THIS APPLICATION TO

culinaryapplication@christian-horizons.org