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|  | **Application for****Introduction to Culinary Skills Experience***A Partnership between Christian Horizons, Community Living* *Essex County, Community Living Windsor and St Clair College* |

***ACT FAST!! SPACE IS LIMITED TO ONLY 15 PEOPLE!!!***

**Application Eligibility:**

* Submit application not later than Wednesday, February 1, 2017 (see last page for instructions)
* 18 years of age or older and a Canadian citizen or landed immigrant
* Have a developmental disability
* Curious interest to work in food services industry OR learn some basic cooking skills
* Ability to work semi-independently
* Ability to obtain or have access to transportation,
* Available for classes from March 13 to March 17, 2017

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| **All information on this form will be held in confidence.** | 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? [ ]  Yes [ ]  NoIf not eligible, please provide details:       |
| EMERGENCY CONTACT:      | RELATIONSHIP:      | EMERGENCY PHONE #:  (     )      -       Ext.       |
| FIRST LANGUAGE:       | OTHER LANGUAGES:       |
| CITIZENSHIP STATUS:       | RELIABLE TRANSPORTATION: [ ] Yes [ ] NoHow will you be getting to/from program?      |
| PRIMARY CAREGIVER: [ ] Parent [ ] Self [ ] Other – Specify:       | CURRENT RESIDENTIAL SITUATION:[ ] Family Home [ ] Own Home [ ] Relatives[ ] Group Home [ ] Other – Specify:      Lives with:       |

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| Please tell us how you heard about this program:       |
| Referral Source: (Name/Position)       Organization:       |
| Telephone: (      )      -      Ext.       Fax: (      )      -      Email:       |
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| Developmental Diagnosis?: [ ] Yes [ ] No [ ] Unknown If YES, please describe:       |
| Taking Medication?: [ ] Yes [ ] No [ ] UnknownMedication changes in last 6 months?: [ ] Yes [ ] No [ ] UnknownIf YES to either, please indicate if you can safely operate equipment (side effects), do you self-administer and any information that might be relevant:       |
| Does applicant have allergies, diabetes, epilepsy, Hepatitis B, etc?: [ ] Yes [ ] No [ ] Unknown If YES, please describe:       |
| Are there any conduct concerns in a learning environment: [ ] Yes [ ] No [ ] Unknown If YES, please describe:       |
| Can the applicant work safely in a professional kitchen (gas stoves, fryers, knives)?: [ ] Yes [ ] No [ ] Unknown Please provide relevant information:       |

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| 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 |

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| **EDUCATION** |
|  |  | Name of School – level of education completed |
| Completed Elementary School | [ ] Yes [ ] No |       |
| Completed Secondary School | [ ] Yes [ ] No |       |
| Completed College | [ ] Yes [ ] No |       |
| Post-Secondary | [ ] Yes [ ] No |       |
| Other Training or Programs Completed:       |
| **CO-OP AND/OR VOLUNTEER EXPERIENCE** |
| **Dates** | **Job Title / Duties** | **Company** | **Reason for Leaving** |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
| WORK HISTORY (Please specify in detail) |
| **Dates** | **Job Title / Duties** | **Company** | **Reason for Leaving** |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

**ADDITIONAL INFORMATION**

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

**Are you available daily March 13 to 17 for the 5 days that the program runs?**

**Can you attend for the full 5 days of the program ie: Monday to Friday??**

**Are you flexible in your hours of availability to attend class?**

**Why do you want to attend this program?**

**Once the application is received it will be reviewed and a time will be arranged with the applicant for an initial phone interview. Upon successful completion of the phone interview a personal interview will be arranged.**

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| Name of Person Completing this Application:        (Please print) |
| Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Christian Horizons, Community Living Windsor & Community Living Essex County in partnership with St Clair College***

**Introduction to Culinary Skills Experience**

**Are you looking for an exciting opportunity to expand on your passion for the culinary arts?**

This partnership with St Clair College provides you with the opportunity to learn hands on skills under the guidance of industry professionals in the state of the art kitchen at St Clair College, Windsor Campus.

**HighlightsCourse**

Fees and Contact Information

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| **Fees:** $500 per student includes equipment, uniform (excluding footwear), food and all course materials necessary.Cheques payable to**: Christian Horizons****Apply:** Mail, Fax or email application to:C. MatthewsChristian Horizons The Link3050 Grand Marais Road East Windsor, ON N8W 5A3Phone: 226-787-2032Fax: 519-255-9645Email: essexlink@christian-horizons.org |