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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  No  If not eligible, please provide details: | | | | | | |
| EMERGENCY CONTACT: | | RELATIONSHIP: | | | EMERGENCY PHONE #:  (     )      -       Ext. | |
| FIRST LANGUAGE: | | | | OTHER LANGUAGES: | | |
| CITIZENSHIP STATUS: | | | | RELIABLE TRANSPORTATION: Yes No  How 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 Unknown  Medication changes in last 6 months?: Yes No Unknown  If 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. Matthews  Christian Horizons The Link  3050 Grand Marais Road East  Windsor, ON N8W 5A3  Phone: 226-787-2032  Fax: 519-255-9645  Email: essexlink@christian-horizons.org |