

**YOUTH HORIZONS PROGRAM  
SKILLS LINK PROJECT, SERVICE CANADA**



**HORIZONS PROGRAM**  
**Skills Link Project, Service Canada**  
**Easter Seals, Newfoundland and Labrador**

**APPLICATION FOR ADMISSION**

**GENERAL QUESTIONNAIRE**

I \_\_\_\_\_, (Full Name of Applicant), hereby make application to the  
(Please **Print**)  
Horizons Program. In so doing I agree to abide by the Rules and Regulations of Easter Seals,  
Newfoundland and Labrador and Service Canada, and to partake in all phases of the services  
provided. I grant permission to the Horizons Program staff with Easter Seals Newfoundland and  
Labrador, to obtain any relevant information required by contacting past educational Institutions,  
Vocational Training Centres, Residential Service Providers, etc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

Completed applications only will be considered

**PERSONAL INFORMATION**

Name of Applicant:

\_\_\_\_\_  
Surname                                      Given                                      Middle

\_\_\_\_\_  
Address:                      No. & Street                      City                      Postal Code

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

MCP #: \_\_\_\_\_

S.I.N. #: \_\_\_\_\_

Physical Disability: \_\_\_\_\_

Who should we contact in case of Emergency?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone #'s

Income status:      E.I. Eligible      \_\_\_\_\_

                                 Social Assistance      \_\_\_\_\_

                                 Canada Pension      \_\_\_\_\_

                                 Worker's Compensation      \_\_\_\_\_

                                 Other (specify)      \_\_\_\_\_

Name of referring person, agency, or organization: (if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why have you applied?

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What do you hope to gain through the Program?

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Through the duration of the Program would you require any specific assistance?  
(Full or Part time? i.e.: Personal Care Attendant, Sign Language - Interpreter etc.....)

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Have you completed any Projects under HRSDC's, Youth Employment Strategy in the past?  
If yes, please list.

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**EDUCATION**

High School/Post Secondary	Levels Completed	Year
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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Contact person for information on Educational Experience:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Are there any past Individual Vocational Plans or Workskills Evaluations available for viewing?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, where? \_\_\_\_\_

**COMMUNITY INVOLVEMENT**

Are you involved with any Community based Organizations or Programs? Please check (✓)

The Hub \_\_\_\_\_ Spina Bifida Association \_\_\_\_\_

CPA \_\_\_\_\_ Cerebral Palsy Association \_\_\_\_\_

ILRC \_\_\_\_\_ Partners for Workplace Inclusion \_\_\_\_\_

Vera Perlin \_\_\_\_\_ Brain Injury Association \_\_\_\_\_

Other (specify) \_\_\_\_\_

**EMPLOYMENT HISTORY**

Name of Employer \_\_\_\_\_  
Date of Employment \_\_\_\_\_ to \_\_\_\_\_  
Position held \_\_\_\_\_  
Duties performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_  
Date of Employment \_\_\_\_\_ to \_\_\_\_\_  
Position held \_\_\_\_\_  
Duties performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_  
Date of Employment \_\_\_\_\_ to \_\_\_\_\_  
Position held \_\_\_\_\_  
Duties performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**VOLUNTEER**

Name of Employer \_\_\_\_\_  
Date of Employment \_\_\_\_\_ to \_\_\_\_\_  
Position held \_\_\_\_\_  
Duties performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_  
Date of Employment \_\_\_\_\_ to \_\_\_\_\_  
Position held \_\_\_\_\_

Duties performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**PLEASE LIST ANY SPECIAL DEVICES OR EQUIPMENT YOU ARE CURRENTLY USING OR WILL REQUIRE:**

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**PLEASE ADD ANY COMMENTS WHICH WILL SUPPORT YOUR APPLICATION:**

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**Note:**

**Once accepted, a “Certificate of Conduct” from the Royal Newfoundland Constabulary is required. Easter Seals will provide you with an RNC application form prior to program start.**

