



HORIZONS

Work Experience Program

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Youth Employment and Skills Strategy

Service Canada
RBC
and Easter Seals NL

Application



Horizons

Work Experience Program

Application for Admission

I _____, (Full Name of Applicant), hereby make
(Please Print)
application to the 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

Personal Information

Name: _____
Surname Given Middle

Address: _____
No. & Street City Postal Code

Phone: _____ **E-mail:** _____

Date of Birth: _____ **Phone:** _____

MCP #: _____ **S.I.N.:** _____

Emergency Contact Name: _____

Relation: _____ **Phone:** _____

Please list any disabilities (self-identified or diagnosed):

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.....)

Please list any assistive technology or equipment that you require:

Income Status - Please check (✓)

E.I. Eligible: _____ Social Assistance: _____ Canada Pension: _____

Worker's Compensation: _____ Other (specify): _____

Education

High School/Post-Secondary	Levels Completed	Year

<p>Contact person for information on Educational Experience</p> <p>Name: _____ Telephone: _____</p> <p>Address: _____</p> <p>Are there any past Individual Vocational Plans or Workskills Evaluations available?</p> <p>YES _____ NO _____ If yes, where? _____</p>
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Were you referred to the Horizons Program? If so, please identify the individual, agency, or organization: _____

Are you involved with any community organizations or programs? Please check (✓)

- | | | | |
|-----------------|-------|----------------------------|-------|
| The Hub | _____ | Spina Bifida Association | _____ |
| CCRW | _____ | Cerebral Palsy Association | _____ |
| ILRC | _____ | Stella's Circle | _____ |
| Vera Perlin | _____ | Brain Injury Association | _____ |
| Other (specify) | _____ | | |

Have you completed any employment programs under HRSDC's or Youth Employment and Skills Strategy in the past? If yes, please list: _____

Employment History

Name of Employer	_____
Date of Employment	_____ to _____
Position/Duties	_____
Reason for Leaving	_____

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Date of Employment	_____ to _____
Position/Duties	_____
Reason for Leaving	_____

Volunteer Experience

Organization Name _____	Date _____ to _____
Duties Performed _____	

Organization Name _____	Date _____ to _____
Duties Performed _____	

Questions

Why have you applied to the Horizons program?

What do you hope to gain through the program?

Please add any comments that will support your application:

Note:

- Applicants must complete an interview with program staff in addition to this form to be considered for the program.
- Applying does not guarantee entrance into the program.
- Once accepted, a Certificate of Conduct from the Royal Newfoundland Constabulary is required. Easter Seals will provide you with an RNC application.

Please include a resume if available.

Please include a professional reference using the attached form.

Reference Form

**Horizons Program
Easter Seals Newfoundland and Labrador**

Applicant's Name: _____

The Horizons Program is funded primarily through Service Canada; the overall goal of the program is to provide a comprehensive skill enhancement and work experience for youth and young adults with disabilities. Through the program youth will develop necessary workplace skills that will facilitate personal growth and independence enabling them to compete for employment opportunities and achieve community integration.

We are asking that you provide a reference (in the space provided below) for this individual in application for their possible admission to this program.

Referee Signature: _____ Date: _____