

Vancouver Island University
Employment Skills Access Program - Application Form

PERSONAL DATA:

Family Name _____ First Name _____

Address: _____ Postal Code: _____

Telephone Number: _____ Email: _____

Community/Band: _____ Referral Info: _____

PROGRAM APPLICATION:

Program Name: _____

Start Date: _____ Location: _____

PRE-SCREEN ELIGIBILITY ASSESSMENT:

Please circle your answer

- | | | |
|--|-----|----|
| • Are you unemployed? | Yes | No |
| If yes, are you currently on EI? | Yes | No |
| • Have you been on EI in the past three years? | Yes | No |
| • Have you completed High School? | Yes | No |
| • Do you have any Post Secondary Credentials | Yes | No |

If yes, please identify them _____

Note: These questions will help us identify your eligibility pursuant to Ministry guidelines. We will contact you regarding your eligibility status, and will do further eligibility screening by telephone. Should you be eligible, we will set-up an intake interview with you. This should take approximately 30 minutes to complete.

By submitting this application you agree to the following:

1. I understand that completion of this application in no way guarantees acceptance to the program.
2. I understand that my acceptance is subject to eligibility and the availability of a place for me in the program for which I have applied.
3. I certify that all statements on this application are true and complete.
4. I understand that misrepresentation of this information may result in cancellation of my acceptance to the program.

Date: _____ Signature: _____

Please submit your application to VIU, Pam Botterill, pam.botterill@viu.ca, Fax: 250-740-6452