

|  |
| --- |
| **LAUNCH PROGRAM APPLICATION FORM**  |
| Personal Information  |
| Name:  | Click or tap here to enter text. | SIN: | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |  |  |
| Address:  | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| Home Phone: | Click or tap here to enter text. | Cell:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |
|  |
| Emergency Contact Information |
| Name: | Click or tap here to enter text. | Relationship: | Click or tap here to enter text. |
| Home Phone: | Click or tap here to enter text. | Cell:  | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
|  |
| Caseworker #1 Information (If Applicable) |
| Name: | Click or tap here to enter text. | Agency:  | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | Fax: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
|  |
|  |
|  |
|  |
| Eligibility |
|  |
| Are you between the ages of 16 and 30?................................. | Yes [ ]  | No [ ]  |
|  |  |  |
| Are you a Canadian citizen, Permanent Resident or person who has been granted refugee status in Canada?........................................... | Yes [ ]  | No [ ]  |
| Are you out of school?............................................................... | Yes [ ]  | No [ ]  |
|  |  |  |
| Are you legally allowed to work in Newfoundland and Labrador?................... | Yes [ ]  | No [ ]  |
| Are you currently unemployed or underemployed? (working less than 20hrs/week)............................. | Yes [ ]  | No [ ]  |
| Are you currently in receipt of Employment Insurance? | Yes [ ]  | No [ ]  |
| Are you able to commit to 30 hours/week at minimum wage for the duration of the program?………… | Yes [ ]  | No [ ]  |
|  |  |  |
| Past Work Experience- Please list most to least recent |
|  |
| Resume attached?  | YES [ ]  | NO [ ]  | If NO, please complete this section: |
|  |
| **Job 1** |
| Company: | Click or tap here to enter text. | Position: | Click or tap here to enter text. |
| Start Date: | Click or tap here to enter text. | End Date: | Click or tap here to enter text. |
| Duties: | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| **Job 2**  |
| Company: | Click or tap here to enter text. | Position: | Click or tap here to enter text. |
| Start Date: | Click or tap here to enter text. | End Date: | Click or tap here to enter text. |
| Duties: | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| **Job 3** |
| Company: | Click or tap here to enter text. | Position: | Click or tap here to enter text. |
| Start Date: | Click or tap here to enter text. | End Date: | Click or tap here to enter text. |
| Duties: | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
|  |  |

|  |
| --- |
| Short Answer Questions- Answer on a separate sheet when necessary |
|  |
| 1. Why do you want to participate in the LAUNCH program? |
| Click or tap here to enter text. |
|  |
|  |
|  |
| 2. How will the LAUNCH Program help you achieve your goals?  |
| Click or tap here to enter text. |
|  |
|  |
|  |
|  |
| 3. What do you expect to learn from participating in the LAUNCH program?  |
| Click or tap here to enter text. |
|  |
|  |
|  |
|  |
| 4. What do you hope to do after completing the LAUNCH program? |
| Click or tap here to enter text. |
|  |
|  |
|  |
|  |
| Documents to be included (Not required but welcomed) |
|  |
| Letter of support from a caseworker……………………………………………………………………… |[ ]
| Other reference letter from a community organization, teacher or former employer. References from family or friends are not accepted……………………….. | [ ]  |
|  |  |
| Signature |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Applicant Signature |  | Date |