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| **LAUNCH PROGRAM APPLICATION FORM**  |
| Personal Information  |
| Name:  |  | SIN: |  |
| Date of Birth |  |  |  |
| Address:  |  |
|  |  |
| Home Phone: |  | Cell:  |  |
| Email:  |  |
|  |
| Emergency Contact Information |
| Name: |  | Relationship: |  |
| Home Phone: |  | Cell:  |  |
| Email: |  |
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| Caseworker #1 Information (If Applicable) |
| Name: |  | Agency:  |  |
| Phone: |  | Fax: |  |
| Email: |  |
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| Eligibility |
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| Are you between the ages of 16 and 30?.............................. | Yes [ ]  | No [ ]  |
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| 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 receiving Employment Insurance?........... | Yes [ ]  | No [ ]  |
| Are you able to commit to 30 hours/week at minimum wage for the duration of the program?… | Yes [ ]  | No [ ]  |
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| Past Work Experience- Please list most to least recent |
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| Resume attached?  | Yes [ ]  | No [ ]  | If NO, please complete this section: |
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| **Job 1** |
| Company: |  | Position: |  |
| Start Date: |  | End Date: |  |
| Duties: |  |
|  |  |
| **Job 2**  |
| Company: |  | Position: |  |
| Start Date: |  | End Date: |  |
| Duties: |  |
|  |  |
| **Job 3** |
| Company: |  | Position: |  |
| Start Date: |  | End Date: |  |
| Duties: |  |
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| Short Answer Questions- Answer on a separate sheet when necessary |
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| 1. Why do you want to participate in the LAUNCH program? |
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| 2. How will the LAUNCH Program help you achieve your goals?  |
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| 3. What do you expect to learn from participating in the LAUNCH program?  |
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| 4. What do you hope to do after completing the LAUNCH program? |
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| Documents to be included (Not required, but welcomed) |
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| 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 |
|  |  |  |
| Applicant Signature |  | Date |