



ST. CLAIR COLLEGE & CHRISTIAN HORIZONS

IN PARTNERSHIP WITH

**COMMUNITY LIVING WINDSOR &
COMMUNITY LIVING ESSEX COUNTY**

PROUDLY OFFER

SIX WEEK CULINARY SKILLS DEVELOPMENT PROGRAM

**Are you looking for an exciting opportunity to expand on
your passion for the culinary arts?**

Our partnership with St. Clair College provides you with the opportunity to learn hands on skills under the guidance of industry professionals in the state of the art kitchen at St. Clair College.

ACT FAST!! SPACE IS LIMITED TO ONLY 11 STUDENTS!!!

Application for Six Week Culinary Skill Development Program

PLEASE SUBMIT APPLICATIONS BY JUNE 12th, 2019. THERE ARE 11 SPACES AVAILABLE

Application Eligibility:

- 18 years of age or older and a Canadian citizen or landed immigrant
- Experiencing a developmental disability
- Keen interest to work in food services industry OR learn some basic cooking skills
- Able to work semi-independently
- Provide own transportation
- Available for classes from July 15, to August 30, 2019 Monday thru Friday - 10 AM TO 4 PM
- Application deadline - Friday June 12, 2019

All information on this form will be held in confidence. Please print clearly.

Date:

LAST NAME:		FIRST NAME:	
DATE OF BIRTH: ____/____/____ dd / mm / yyyy		AGE: () ADDRESS: APT #:	
CITY:		PROVINCE:	POSTAL CODE: ____-____
PHONE #: () ____-____	CELL PHONE #: () ____-____	STUDENT PHONE #: () ____-____	
EMAIL ADDRESS: _____		SIN #: ____-____-____	
Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No If not eligible, please provide details: _____			
EMERGENCY CONTACT:		RELATIONSHIP:	EMERGENCY PHONE #: () ____-____ Ext. ____
FIRST LANGUAGE:		OTHER LANGUAGES:	

<p>CITIZENSHIP STATUS:</p>	<p>RELIABLE TRANSPORTATION: <input type="checkbox"/> Yes <input type="checkbox"/> No How will you be getting to/from program?</p>
<p>PRIMARY CAREGIVER: <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Other – Specify: _____</p>	<p>CURRENT RESIDENTIAL SITUATION: <input type="checkbox"/> Family Home <input type="checkbox"/> Own Home <input type="checkbox"/> Relatives <input type="checkbox"/> Group Home <input type="checkbox"/> Other – Specify: Lives with:</p>

MEDICAL INFORMATION

Developmental Diagnosis?: Yes No

If **YES**, indicate diagnosis:

Do you have a Dual Diagnosis?: Yes No

If **YES**, indicate diagnosis: (Example: development delay/schizophrenia)

Taking Medication?: Yes No

If **YES** can you:
 Self-administer your medications? Yes No

Work with equipment/kitchen utensils while taking those medications? ? : Yes No

List any side effects that you may experience:

Please check off and describe which apply to you:

Allergies _____ Hepatitis B _____
 Diabetes _____
 Epilepsy _____

History of behavioural concerns; please check off and briefly describe (triggers, what it may look like, etc.):

Physical Aggression/Violent _____
 Verbal Aggression _____
 Self-Harm _____
 Threats/Weapon Use _____

***Please Note-To ensure all students have a safe learning environment on campus St. Clair College has a no violence/aggression policy. People in this course must be safe to be in a group setting, to take direction and use kitchen equipment (knives, ovens, fryer etc)**

Can the applicant work safely in a professional kitchen (gas stoves, fryers, knives)?: Yes No

Please provide relevant information: _____

SOCIAL SUPPORT

Current Support – Past and Present

Type of Support: Home/self Agency

Name (family/friend): _____ Tel: _____ Ext. _____ How long? _____
 Address: _____ Permission to contact? Yes No

Name of Agency: _____ Tel: _____ Ext. _____ How long? _____
 Address: _____
 Contact: _____ Permission to contact? Yes No

Receiving Income Support? Yes No

Please indicate as applicable:

- 1. ODSP
- 2. Ontario Works
- 3. Employment Insurance
- 4. Workplace Safety and Insurance
- 5. Canada Pension Plan
- 6. Accident, Sickness, Disability Insurance
- 7. Self
- 8. Support from family
- 9. Other; Please describe: _____

EDUCATION

		Name of school and level of education completed
Completed Elementary School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed Secondary School	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Completed College	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-Secondary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Training or Programs Completed:		

CO-OP/VOLUNTEER EXPERIENCE (*Unpaid Work Experience*)

Dates	Job Title/Duties	Company	Reason for Leaving

WORK HISTORY (*Paid Work Experience*)

Dates	Job Title/Duties	Company	Reason for Leaving

ADDITIONAL INFORMATION

Do you require any accommodations while in the placement or class? Please specify.

Can you do an interview independently? Or do you require support? (If so, what kind of support)?

Are you available for the full 9 months that the program runs? (Excluding Christmas Break and Reading Week).

Can you attend every Monday to Friday? You must be able to attend all days to get certificate.

Are you flexible in your hours of availability to attend class and placement? For example, placements may occur at a different start and finish time than classroom sessions.

How did you hear about this program? (referral source – name, organization, etc.)

Why do you want to attend this program?

We will contact you after the deadline and initial screening process. Those who pass the initial screening process will be contacted for interviews thereafter.

Name of Person Completing this Application: _____
(Please print)

Signature of Applicant: _____

If you are called for an interview, who should be contacted to arrange the interview?

Name:

Relationship:

Best way to reach the person: Phone _____ Email _____

Fees and Contact Information

Fees: \$3150 per student includes equipment, uniform (excluding footwear), food and all course materials necessary.

Fees payable by cheque to: **Christian Horizons**

Apply: Mail, Fax or email application to:

Monica Leavoy,

Program Manager

Christian Horizons - The Link

3050 Grand Marais Road East, Windsor, ON N8W 5A3

Phone: 226-787-2032; 519-945-8089 Fax: 519-255-9645

Email: essexlink@christian-horizons.org