



Self
Rise

Self Rise Training Society

Date of Application: _____

Application Form

Basic Information			
Legal first name: *	Legal Last name: *	Legal Middle name: *	
Preferred name (Nickname): *	Which program are you interested in?	Did you attend any government funded program in the last 12 months? Yes No	
Birth date (m/d/y): *	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Refugee
Mailing address: *	City: *	Province: *	Postal Code: *
Cell phone number: *	Email address: *		
Home phone number:	Emergency contact number: *	Relationship to applicant: *	

Education	
I have completed grade 12: * <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a WorkBC client? * If yes, provide your case manager's name and contact information.
Do you identify yourself as a person with disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify and tell us more about your disability:

Employment		
What best describes your current employment status? * <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time Employed <input type="checkbox"/> Full-time Employed <input type="checkbox"/> Casual/on-call Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> My employment is ending, specify the reason:	Name of your current Employer (if unemployed your last employer): *	
Are you currently on in receive of EI Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on in receive of PWD Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on in receive of Income Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No