



**Women In Technology
Training Program**

Intake Application Form 2017

Thank you for your interest in our Women in Technology Training Program. If you would like to apply for this program, please complete the attached application form and return it to the Program Facilitator.

This application is the first step in the application process to be accepted into the program.

If you have any questions please contact us at:

Telephone: 403-262-5776 - extension 5

Email: execdirector@makingchangesassociation.ca



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Protection of Privacy

This personal information is collected for the purposes of operating the programs of the Making Changes Employment Association of Alberta pursuant to section 33 (c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about this collection, please contact the Manager. (6516 1A ST SW Calgary AB T2H 0G6. Tel.403-262-5776)

CONTACT INFORMATION	Please write clearly
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Today's Date (MM/DD/YYYY): _____

Legal _____ First _____ Name: _____

Legal Last Name: _____

Preferred Name: _____

Date _____ of _____ Birth _____ (MM/DD/YYYY): _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Home Phone #: _____

Cell _____ Phone _____ #: _____

Email Address #: _____

HOW DID YOU HEAR ABOUT THE PROGRAM?	Please check off your
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answer(s)

- Online
- TV Announcement
- Friends/ Family
- Participant of other Making Changes Programs

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- Email Invitation
- Other Community Organizations, (example: Center for New Comers, CIWA)
- Other (please specify) _____

PROGRAM ELIGIBILITY

Country of Birth: _____

- Citizen Canadian Indigenous
- Permanent Resident (please take photocopy of card, front and back)
PR Card number (8 digit ID) _____ - _____
- Refugee*

If you are a refugee, please indicate whether you have the following documents:

- Study permit
- Work permit
- Notification letter

EDUCATION and EMPLOYMENT HISTORY

Highest level of education achieved:

- Post graduate degree and higher
- Undergraduate degree
- College Diploma
- High School Diploma
- Grade school: Highest level completed: _____

LANGUAGES SPOKEN: _____

English CLB Level: _____

Have you attended any other language or employment programs? For example, LINC, ESL, pre-employment or employment programs, upgrading, skills training, etc.

YES NO

If YES, please list the program(s) and the dates you completed them:



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1. _____
2. _____
3. _____
4. _____

Have you taken any other Certificate/ Diplomas or Degree programs in Canada?

YES NO

If YES, please list the program(s) and the dates you completed them:

1. _____
2. _____
3. _____
4. _____

Are you currently employed?

Are you collecting EI (Employment Insurance) now?

Are you currently collecting social assistance from AB Works?

WORK HISTORY

Occupation in **Home Country**: _____

Years of Work Experience in Home Country: _____

Work Experience in Canada: _____

Years of Work Experience in Canada: _____

Please list all jobs from the last 12 months, including dates of employment, position title, hours per week and hourly wage.

Dates of Employment	Job Title	Hours/ Week	Hourly Wage
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____



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4. _____

Do you have any experience working in Digital Networking? Yes No

Additional Information	Please check all that apply
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Do you have a stable living environment?

Are you in good mental health?

Are you able to commit to the entire program?

Are you ready to work the field of Information Technology Networking?

Please tell us why you are applying for this Employment Training program:

_____	_____	_____
APPLICANT FULL NAME	SIGNATURE	DATE

Making Changes Association needs your consent!

1. Electronic Communications Consent

We must ask for your agreement to send you electronic communications (e-mails). This may include our newsletters, updates, announcements, event or seminar invitations or other information of interest to you. Please confirm your consent to receive electronic communications from Making Changes Association.

2. Photograph and Media Consent

I agree that I may be photographed during my attendance and participation in the Making Changes Association (MCA) Programs and that my image might be used on the website, social media and other MCA promotional materials. I understand that no personal information will be used in any publications unless consent is given. I also



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_____ Yes, I do consent _____ No, I do not consent

Initial _____ Date _____

understand that my consent can be withdrawn at any time in writing to the MCA.

_____ Yes, I do consent _____ No, I do not consent

Initial _____ Date _____