



**WORK ADJUSTMENT SKILLS
TRAINING PROGRAM**

7071 Bayes Rd
Halifax, NS B3L 2C2
Phone: (902) 454-2851
Fax: (902) 454-2881

**PARTICIPANT APPLICATION FOR TRAINING
(TO BE COMPLETED BY THE APPLICANT)**

APPLICANT INFORMATION

Name:	Date:
Address:	Phone:
City:	Postal Code:
SIN:	Date of Birth:

INCOME SOURCE

(Please circle which one applies to you)

SOCIAL ASSISTANCE	EMPLOYMENT INSURANCE	CPP	WCB	OTHER
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If other, please explain: _____

SOCIAL WORKERS INFORMATION

Social Worker:	Phone:	Fax:
Address:	City:	Prov:

EMERGENCY INFORMATION

Emergency Contact:	Phone:
Relationship:	
NS Health Card Number:	

ACTIVITIES & HOBBIES

HOBBIES	MEMBERSHIPS

VOLUNTEER EXPERINCE

PLACE	DATE	LENGTH OF STAY	SUPERVISOR

STRENGTHS & WEAKNESSES

STRENGTHS	WEAKNESSES

Briefly, explain why you would like to attended this program.

If accepted into this program, when could you start? _____

If accepted into the **Stone Hearth Bakery Work Adjustment Training Program**, I agree to follow all polices, rules, and regulations. I understand that all information on this application is correct. I understand that any untruthfulness could affect my participation in this program

Applicant's Signature: _____ Date: _____