Received:			
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Staff Name:			



URBAN CIRCLE TRAINING CENTRE INC.

2024 APPLICATION

FAMILY SUPPORT WORKER PROGRAM

certified by Red River College Polytechnic

**PLEASE READ THROUGH ENTIRE APPLICATION AND NOTE: ALL APPLICATIONS MUST BE ACCOMPANIED WITH THE FOLLOWING:

- 1) Two (2) current <u>written character reference letters</u> from professional/working people who know you (i.e., former employer, coworkers, teachers, supervisors, counsellors, volunteer work, etc.)
- 2) A <u>hand written paper</u> telling us why you want to take this program (suitability) and a little about yourself (short autobiography).
- 3) Copy of original high school transcripts to verify your education level.
- 4) Current (must be dated no earlier than 6 months prior to program start date) & acceptable Criminal Record Check with the Vulnerable Sector Search with application. You will also be required to submit a 2nd current criminal record check prior to your practicum work placement which is mandatory by the employer. (\$56.70 on-line at www.winnipeg.ca/police/services/online-record-checks)
- 5) Current (must be dated no earlier than 6 months prior to program start date) & acceptable <u>Child Abuse</u> <u>Registry Check</u> with application. You will also be required to submit a 2nd current child abuse registry check prior to your practicum work placement which is mandatory by the employer. (\$20.00 at 777 Portage Avenue).
- 6) Current (must be dated no earlier than 6 months prior to program start date) & acceptable Adult Abuse Registry Check with application. You will also be required to submit a 2nd current child abuse registry check prior to your practicum work placement which is mandatory by the employer. (\$20.00 at 777 Portage Avenue).

low did you hear	about us?			
PERSONAL				
1. Name:		<u>Back to est k</u>		
	(last name)	(first name)	(middle name)	(Preferred Name)
2. Address:				
City:		Province:	Postal	Code:
Telephone:		M	obile/Cell:	
Email:		Alternate P	hone Number:	
Date of Birth	1:	(SIN#	#):	
	(YYYY/I			ance Number)
Gender Ider	ntity: F	M Other _	Not Declared	
3. Friend or rel	ative where you	can be contacted:		
Name:		Relat	ionship to you	
Address:		Phone #		



4. Are you a	<u>ı:</u>	5. Are you:		6. Please indicate:
Non-paren	t 🗆	Status – Off Reserve	. 🗆	Band Name:
Parent		Status – On Reserve	. 🗆	MMF Regional Office
Single Par	ent 🗌	First Nations		Card#
		Métis Métis Non	Status	
		Inuit 🗌		
CHILDCARE				
7. Number of	children/depende	nts 8. Ages o	of children/de	pendents
9. If childcare	is needed, <u>subsi</u> c	dized childcare arrang	ements MUS	T be made. Please indicate current
arrangements	s:			
Name of Sub	sidized Daycare:_			
Name of Bac	k-Up Babysitter: _			
10. Do you ha		ord with convictions? e explain the charge(s)		
TRANSCRIP Training Cer	<u>T</u> which outlines	all of your charges a before acceptance ir	and must be	ust obtain the criminal record submitted to Urban Circle is confirmed. ** (assistance on
11. a) What is	s your current sou	rce of income?		
b) Are you o	currently employed	1? Yes No		
If yes, wh	nere?			
And how	long?		Job Title:	
c) Have you	ı been employed i	n the past?Yes	No	
d) If yes, v	where and how lor	ng and job title?		

e) A	Are you currently receiving Employment Insurance (EI) benefits? Yes No
	Are you currently receiving Employment and Income Assistance (EIA) or band income assistance penefits?
	Yes No Unknown Not Declared
g) If	YES , How long? SAMIN # (your EIA case #)
h) If	YES, please provide your Employment & Income Assistance (EIA) contact name and phone #:
i) I	f you are receiving EIA, please answer the following:
As	ssistance Source: Band Provincial Other
Ind	come Assistance Status: Active Non-ActiveNot Declared
j) ⊢	Have you notified your worker/funding counsellor that you have applied for this program?
	Yes No
k) H	Have you received approval from your EIA worker to attend training/programming?
	Yes No If yes, when?
	cation Training Assessment
12. ⊢	lave you been referred by your EIA worker to Training & Employment Services?
	Yes No
13. ⊢	lave you applied to your Band, the Education Council, or MB Métis Federation for funding?
	Yes No
Co	ounsellors Name: Phone #:
Of	fice Address:
14. H	lave you ever been funded by any organization in the past? Yes No Name of Organization:
F	For what course(s):
	When?
	rral Source:
) How did you learn about Urban Circle Training Centre Inc.?
	ho referred you to us?
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Additional Client Information:
16. a) Disability: Yes No Not Declared
b) Marital Status: SingleMarried or Equivalent Not Declared
Volunteer:
17. Do you have volunteer or unpaid work experience? (e.g. on-the-job training, school placements, court-order, etc.?) Yes No If yes, where?
Education & Training:
18. a) High school completed Yes No Date completed:
b) School/Learning Centre:
c) Have you had any additional training? (E.g. college, university, on-the-job, school placements)
Yes No
Additional Information:
19. If education and training was not completed, explain why. If you are not working in your field of training, explain why.
Job Search and Self Marketing Tools: 20. a) Do you have a resume and cover letter? Yes No b) If YES, is it up to date? Yes No c) Do you have stable housing? Yes No d) Do you have reliable/dependable childcare and back up support? Yes No e) Do you have medical concerns (physical health, mental health, disability, etc.) that would prevent you from participating in training? Yes No f) Do you require any accommodation to participate in training? g) Do you have personal barriers that would prevent you from participating in training?
Privacy Notice Why UCTC needs to collect and use your information ("purposes") UCTC needs to collect and use your personal information and personal health information, if applicable, for the following purposes: To assess your training needs, To monitor and record your enrolment, participation, and progress, For research and planning, reporting, monitoring, evaluation, and accountability purposes.

Consent to Urban Circle Training Centre Inc., for obtaining and disclosing information about me, from and with other organizations/agencies.

I consent to Urban Circle Training Centre Inc., collecting personal information and personal health information, if applicable, about me for the purposes of assessing training needs from the persons and bodies liked below and consent to UCTC providing such information about me as necessary to obtain the information Urban Circle Training Centre Inc., requires, and I consent to the persons and bodies disclosing the information to Urban Circle Training Centre Inc.:

- Details about me in relation to gain entrance into one of UCTC's programs,
- Availability,
- Any organization, agency or entity that has provided me with work experience, or training,
- My schools and educational and training institutions,

information about me with other sources/organizations.

 Any Manitoba (MB) government department or agency, or federal government department or agency, that has provided or is providing me with services or assistance, including, Employment and Social Development Canada, Service Canada, MB Education and Training; MB Health, Seniors, and Active Living; MB Families; MB Growth, Enterprise and Trade; MB Training and Employment Services, MB Justice; MB Indigenous and Municipal Relations; and Crown Services.

Urban Circle Training Centre Inc. (UCTC) works with employers, service providers, educational institutions, municipal, provincial and federal government departments, and agencies to provide a broad range of training and employment services to eligible participants ("services").

I, the applicant, certify that the statements made by me in this application are true to the best of my knowledge. I also consent to the Urban Circle Training Centre Inc. (UCTC) Interview Team verifying any information supplied by me (unless otherwise indicated) for the purpose of ensuring my suitability for the program.

I also agree to provide UCTC with any changes to my personal information and personal health

I, ______, the applicant, _____, the applicant, _____, consent to Urban Circle Training Centre Inc. (UCTC) obtaining and disclosing personal

SIGNATURE OF APPLICANT_____

RED RIVER COLLEGE POLYTECHNIC

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URBAN CIRCLE TRAINING CENTRE INC.

SELECTION CRITERIA Family Support Worker Program

- First Nations/Indigenous (First Nations Status, Non-Status, Métis Status, Métis Non-Status, Inuit).
- Must have a <u>COMPLETED</u> Grade 12 High School academic standing (Mature Grade 12 Diploma, G.E.D. or a High School Diploma) <u>Official transcripts must be submitted with application to verify completion of Grade 12 Education level.</u>
- Must be able to demonstrate a reliable source of personal financial support (Cost of Living
 - COL) such as Social Assistance/Employment & Income Assistance, Employment Insurance,
 Skills Development Assistance Manitoba, Band/Education Council, Manitoba Métis Federation,
 etc. Personal financial support must include transportation, childcare (if required), uniforms,
 immunization costs, etc., (see attached list).
- Must apply to your funder for tuition costs which are approximately \$10,500.00. This cost includes all tuition, usage of books, supplies and other courses (i.e., CPR, Non-Violent Crisis Intervention, etc.).
- Demonstrate fluency in both written and spoken English.
- Knowledge of Indigenous language and/or knowledge of Indigenous customs, beliefs, and practices is an asset.
- Successful completion of a prescribed reading skills test (DRP Assessment) at the required competency level administered on site at Urban Circle Training Centre Inc.
- Must be available for shift work and have reliable flexible child care if required.
- Must be in Good Health.
- Must provide proof of double vaccination, required before the start of the program.
- Must live in the City of Winnipeg.
- · Valid Manitoba Drivers License and access to a vehicle is an asset.
- EXPERIENCE Working with children/being familiar with children is an asset.
- Agreement to <u>provide</u> the original, acceptable and current Criminal Record Check with the Vulnerable Sector Search, and Child Abuse Registry check when applying to the program.
- Should you have conviction(s) on your Criminal Record Check, you are required to submit your original criminal record transcript which outlines all your charges; this is obtained through the R.C.M.P. National Repository of Ottawa. In addition, you will be required to submit a written letter explaining the circumstances around the events showing on your criminal record check/transcripts. The explanation will be submitted along with the criminal record check/transcript for registration approval from the Red River College Polytechnic Committee who gives the final acceptance approval to continue on in the program.
- SUBMISSION OF YOUR CRIMINAL RECORD CHECK IS REQUIRED BEFORE ACCEPTANCE INTO THE PROGRAM, NO EXCEPTIONS.

PLEASE NOTE:

 Urban Circle encourages all people interested to apply. Assistance will be provided to resolve funding questions or barriers.

RED RIVER COLLEGE POLYTECHNIC &

URBAN CIRCLE TRAINING CENTRE INC.

Family Support Worker Program

ABOVE & BEYOND PERSONAL COST OF LIVING & TUITION - ADDITIONAL FINANCIAL ASSISTANCE IS NEEDED FOR:

Students in the Family Support Worker Program will require confirmation of financial coverage for the following costs:

- monthly transportation (monthly bus pass, tickets, travel etc.).
- subsidized childcare cost (if required).
- Optional and highly recommended: to update all immunizations (\$200.00)
- Two (2) Criminal Record Check with the Vulnerable Sector Search check costs on-line (\$56.70) at www.winnipeg.ca/police/services/online-record-checks. Agreement to provide and submit a current & acceptable (dated no earlier than 6 months before the program start date). Criminal Record Check with the Vulnerable Sector Search is part of the application (see front page of application). Also, to provide a 2nd current & acceptable Criminal Record Check with the Vulnerable Sector Search prior to the clinical work placement. This is a mandatory request of all the Employers.
- Two (2) Child Abuse Registry Check costs (\$20.00 each) Agreement to provide and submit a current & acceptable (dated no earlier than 6 months before the program start date). Child Abuse Registry Check is part of the application (see front page of application). Also, to provide a 2nd current & acceptable Child Abuse Registry Check prior to the clinical work placement. This is a mandatory request of all the Employers.
- Two (2) Adult Abuse Registry Check costs (\$20.00 each) Agreement to provide and submit a current & acceptable (dated no earlier than 6 months before the program start date). Adult Abuse Registry Check is part of the application (see front page of application). Also, to provide a 2nd current & acceptable Adult Abuse Registry Check prior to the clinical work placement. This is a mandatory request of all the Employers.