



Received: _____

Staff Name: _____

URBAN CIRCLE TRAINING CENTRE INC.

2026-2027 APPLICATION

ADULT EDUCATION & EMPLOYMENT PROGRAM

funded by Manitoba Adult Learning & Literacy (A.L.L.) and
Centre for Aboriginal Human Resources Development (C.A.H.R.D.)
and in partnership with SEVEN OAKS SCHOOL DIVISION

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

- 1) Two (2) current **written character reference letters** from professional/working people who know you. (i.e., former employer, coworkers, teachers, supervisors, counsellors, volunteer work, etc.).
- 2) A **hand written paper** telling us why you want to take this program. In this paper state your apprenticeship trade interest and also a little about yourself (short autobiography).
- 3) Copy of **original high school transcripts** to verify your previous education. Contact the last school you attended to obtain this document.

Please Note: Students may be required to submit an original and current criminal record check, child abuse registry check and an adult abuse registry check prior to the work placement which may be a mandatory request by the employers and your career plan.

How did you hear about us? _____

PERSONAL

1. Name: _____
(last name) (first name) (middle name) (Preferred Name)

2. Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Mobile/Cell: _____

Email: _____ Alternate Phone Number: _____

Date of Birth: _____ (YYYY/MM/DD) (SIN#): _____
(Social Insurance Number)

Gender Identity: F _____ M _____ Other _____ Not Declared _____

3. Friend or relative where you can be contacted:

Name: _____ Relationship to you _____

Address: _____ Phone # _____





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4. **Are you a:**
 Non-parent
 Parent
 Single Parent
5. **Are you:**
 Status – Off Reserve
 Status – On Reserve
 First Nations
 Métis Métis Non Status
 Inuit
6. **Please indicate:**
 Band Name: _____
 MMF Regional Office _____
 Card# _____

CHILDCARE

7. Number of children/dependents _____ 8. Ages of children/dependents _____

9. a) If childcare is needed, subsidized childcare arrangements MUST be made. Please indicate current arrangements:

b) Name of Subsidized Daycare: _____

c) Name of Back-Up Babysitter: _____

CRIMINAL RECORD CHECK

10. a) Do you have a criminal record with convictions? _____ Yes _____ No

b) If you answered **YES**, please explain the charge(s) and how long ago?

****Should you have a criminal record with convictions, you must obtain the criminal record TRANSCRIPT which outlines all of your charges and must be submitted to Urban Circle Training Centre Inc. (UCTC), before acceptance into program is confirmed. **** (assistance on how to obtain this information is available)

BENEFITS STATUS/FINANCIAL STABILITY/FUNDING

11. What is your current source of income?

12. a) Are you currently employed? ___ Yes ___ No

b) If **YES**, Employer: _____

Job Title: _____ Wage: \$ _____ per/_____
 (per hour, day, week, or year)

Average Hours per week? _____ Start Date: _____

c) If **NO**, have you been employed in the past? _____ Yes _____ No





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13. Are you currently receiving Employment Insurance (EI) benefits? Yes No

14. a) Are you currently receiving Employment and Income Assistance (EIA) or band income assistance benefits?

Yes No

Income Assistance Source: Band Provincial Other

Income Assistance Status: Active Non-Active Not Declared

b) If **YES**, How long? _____ **SAMIN #** (your EIA case #) _____

c) Please provide your Employment & Income Assistance (EIA) contact name and phone #:

d) Have you notified your worker/funding counsellor that you have applied for this program?

Yes No

e) Have you received approval from your EIA worker to attend training/programming?

Yes No If **YES**, when? _____

EDUCATION TRAINING ASSESSMENT

15. Have you been referred by your EIA worker to Training & Employment Services?

Yes No

16. a) Have you applied to your Band, the Education Council, MB Métis Federation, or any other organization for funding?

Yes No

b) Counsellors Name: _____ Phone #: _____

Office Address: _____





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17. Have you ever been funded by any organization in the past? Yes No

Name of Organization: _____

For what course(s): _____

When? _____

REFERRAL SOURCE:

18. a) How did you learn about Urban Circle Training Centre Inc.?

b) Who referred you to us?

ADDITIONAL CLIENT INFORMATION:

19. Disability: Yes No Not Declared

20. Marital Status: Single Married or Equivalent Not Declared

VOLUNTEER:

21. 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:

22. a) Highest/level of education completed: _____ Date Completed: _____

b) Name of School/Learning Centre: _____

23. Have you had any additional training? (E.g., college, university, on-the-job, school placements) Yes No

ADDITIONAL INFORMATION:

24. If education and training was not completed, explain why. If you are not working in your field of training, explain why.





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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 listed 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,
- 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 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 information, if applicable, as issue(s) and/or circumstances arise, and in a timely manner.

I, _____, the applicant,
(Print given names and last name in full)

consent to Urban Circle Training Centre Inc. (UCTC) obtaining and disclosing personal information about me with other sources/organizations.

SIGNATURE OF APPLICANT _____

DATE: _____





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ELIGIBILITY CRITERIA

Adult Education & Employment Program

- First Nations/Indigenous – (First Nations Status/Non-Status, Métis Status/ Non-Status, Inuit).
- Submit your official school transcripts and must be submitted with application. **Transcripts are required** to verify your previous education level.
- Must be able to demonstrate **a reliable source of income** to cover your personal financial support such as Social Assistance, Employment Insurance, Band/Council Funding, Manitoba Metis Federation, Employment, Spouse, etc. Personal financial support must include transportation, childcare (if required), criminal record check & child and adult abuse registry checks (if required by the work placement host/employer), etc. (see attached list).
- Must be available to commit daily Monday-Friday from 9:00a.m. to 4:30p.m. for 10 months.
- Must be motivated to successfully complete all the academic requirements in receiving a Mature Grade 12 High School Diploma.
- Successful completion of a prescribed math and reading skills test at the required competency level administered on site at Urban Circle Training Centre Inc.
- **Must have an interest upon completion to continue into employment or post-secondary training.**
- Good Physical Health in order to fully participate in this full-time program.
- Demonstrated fluency in written and spoken English.
- Knowledge of Indigenous language and/or knowledge of Indigenous customs, beliefs, and practices is an asset.
- Must provide proof of double vaccination, required before the start of the program.

PLEASE NOTE:

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

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Phone: (204) 589-4433 • Fax (204) 582-6439
www.urbancircletraining.com





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Adult Education & Employment Program

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

Students in the Adult Education & Employment Program will require confirmation of financial coverage for the following costs:

- monthly transportation (monthly bus pass, tickets, travel, etc.).
- provide subsidized childcare costs (if required).

If required by the work placement host/employer:

- Criminal Record Check with the Vulnerable Sector Search costs (\$63.25 on-line or in person). Required for work experience and to obtain and submit depending on Career goals.
- Child Abuse Registry Check costs (\$20.00). Required for work experience and to obtain and submit depending on Career goals.
- Adult Abuse Registry Check costs (\$20.00). Required for work experience and to obtain and submit depending on Career goals.

