Received:	5	
Staff Name		



### URBAN CIRCLE TRAINING CENTRE INC.

**2024 - 2025 APPLICATION** 

### **EDUCATIONAL ASSISTANT PROGRAM**

certified by RED RIVER COLLEGE POLYTECH

## \*\*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 grade 12 education level.
- 4) Copy of your updated resume.
- 5) Current (must be dated no earlier than 6 months prior to program start date) & acceptable <u>Criminal Record Check with the Vulnerable Sector Search</u> 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. (Cost: \$56.70 on-line at <a href="https://www.winnipeg.ca/police">www.winnipeg.ca/police</a>).
- 6) Current (must be dated no earlier than 6 months prior to program start date) & acceptable Child 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).

How did you hea	ar about us?		· · · · · · · · · · · · · · · · · · ·		
PERSONAL					
1. Name:		2	gerîtir		: :   <u>5</u>
	(last name)	(fir	st name)	(middle name)	(Preferred Name)
2. Address:		4.74			
City:		Prov	ince:	Posta	al Code:
Telephone:			Mob	oile/Cell:	
Email:			Alternate Ph	one Number:	
Date of Birth	i		(SIN#):		
	(YYYY/MM/E	DD)		(Social Insu	rance Number)
Gender Iden	itity: F	Μ	Other	Not Declared	d
3. Friend or rel	ative where you	can be cor	tacted:		
Name:			Relatio	nship to you	
Address:				Phone #	



4. Are you a:	5. Are you:	6. <u>Please indicate:</u>		
Non-parent	Status – Off Reserve □	Band Name:		
Parent □	Status – On Reserve ☐	MMF Regional Office		
Single Parent ☐	First Nations	Card#		
	Métis ☐ Métis Non Status	s 🗌		
	Inuit 🗌			
CHILDCARE				
		Iren/dependents		
	subsidized childcare arrangeme	ents MUST be made. Please indicate		
current arrangements:				
b) Name of Subsidized Day	/care:			
c) Name of Back-Up Babys	itter:			
CRIMINAL RECORD CHE	<b>c</b> k			
	<del></del>	Yes No		
	ease explain the charge(s) and I			
2) 11 you allowered <u></u> , p.	sace explain the enalge(e) and i			
**Should you have a crim	inal record with convictions.	you must obtain the criminal record		
1.5.	-	ust be submitted to Urban Circle		
		ogram is confirmed. ** (assistance on		
how to obtain this informati		(		
	,			
Benefits Status/Financial	Stability/Funding			
11. a) What is your current	source of income?			
b) Are you currently empl	oved? Yes No			
If yes, where?				
And how long?	Job Ti	tle:		
If no, have you been e	mployed in the past?Yes	No		
If you have been employed in the past, where, how long, and job title?				
you have been only	- )			

c) Are you currently receiving Employment Insurance (EI) benefits? Yes	No
d) Are you currently receiving Employment and Income Assistance (EIA) or band income benefits?	me assistance
Yes No Unknown Not Declared	
e) If <u>YES</u> , How long? SAMIN # (your EIA case #)	
f) If <u>YES</u> , please provide your Employment & Income Assistance (EIA) contact name and	phone #:
g) If you are receiving EIA, please answer the following:	
Assistance Source: Band Provincial Other	
Income Assistance Status: Active Non-ActiveNot Decla	red
h) Have you notified your worker/funding counsellor that you have applied for this prog	ıram?
Yes No	
i) Have you received approval from your EIA worker to attend training/programming?	
Yes No If yes, when?	
Education Training Assessment	
12. Have you been referred by your EIA worker to Training & Employment Services?	
Yes No	
13. Have you applied to your Band, the Education Council, or MB Métis Federation for f	funding?
Counsellors Name: Phone #:	
Office Address:	
<b>14.</b> Have you ever been funded by any organization in the past? Yes	
Name of Organization:	
For what course(s):	
When?	
Referral Source:	
15. a) How did you learn about Urban Circle Training Centre Inc.?	
b) Who referred you to us?	

Additional Client Information:
16. a) Disability: Yes No Not Declared
b) Marital Status: Single Married 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? (i.e., 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 <u>YES</u> , 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. (UCTC), for obtaining and disclosing information about me, from and with other organizations/agencies.

I consent to Urban Circle Training Centre Inc. (UCTC), 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 Urban Circle Training Centre Inc. UCTC providing such information about me as necessary to obtain the information Urban Circle Training Centre Inc. (UCTC), requires, and I consent to the persons and bodies disclosing the information to Urban Circle Training Centre Inc. (UCTC):

- Details about me in relation to gain entrance into one of Urban Circle Training Centre Inc.'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.
- Lalso agree to provide Urban Circle Training Centre Inc. (UCTC) with any changes to my personal

information and personal health information, if applicable, as issue(s) and/c and in a timely manner.	J , 1
I,	, the applicant,
(Print given names and last name in full)	
consent to Urban Circle Training Centre Inc. (UCTC) obtaining and information about me with other sources/organizations.	disclosing personal
SIGNATURE OF APPLICANT	
DATE:	

### RED RIVER COLLEGE POLYTECH

&

### URBAN CIRCLE TRAINING CENTRE INC.

# SELECTION CRITERIA Educational Assistant 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 (EIA), Employment Insurance (EI), 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 \$9,000.00. 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 have reliable flexible child care if required.
- Must demonstrate a strong desire to work in the school system and/or to become a teacher.
- Strong desire to work with special needs children an asset.
- Must be in Good Health.
- Must live in the City of Winnipeg.
- Must provide proof of double vaccination, required before the start of the program.
- 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 Polytech 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 POLYTECH & URBAN CIRCLE TRAINING CENTRE INC.

#### **Educational Assistant Program**

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

Students in the Educational Assistant Program will require confirmation of financial coverage for the following costs:

- monthly transportation (monthly bus pass, tickets, travel etc.).
- subsidized childcare cost (if required).
- clinical experience clothing allowance (\$100.00) clinical work experience.
- Two (2) Criminal Record Check with the Vulnerable Sector Search check costs on-line (\$56.70) at <a href="www.winnipeg.ca/police">www.winnipeg.ca/police</a>. 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 2<sup>nd</sup> 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 2<sup>nd</sup> current & acceptable Child Abuse Registry Check prior to the clinical work
  placement. This is a mandatory request of all the Employers.