



**ST. CLAIR COLLEGE &  
CHRISTIAN HORIZONS**

**IN PARTNERSHIP WITH**

**COMMUNITY LIVING WINDSOR &  
COMMUNITY LIVING ESSEX COUNTY**

**PROUDLY OFFER**

**SIX WEEK CULINARY SKILLS  
DEVELOPMENT PROGRAM**

**Are you looking for an exciting opportunity to expand on  
your passion for the culinary arts?**

Our partnership with St. Clair College provides you with the opportunity to learn hands on skills under the guidance of industry professionals in the state of the art kitchen at St. Clair College.

***ACT FAST!! SPACE IS LIMITED TO ONLY 11 STUDENTS!!!***

# Application for Six Week Culinary Skill Development Program

**PLEASE SUBMIT APPLICATIONS BY JUNE 12<sup>th</sup>, 2019. THERE ARE 11 SPACES AVAILABLE**

**Application Eligibility:**

- 18 years of age or older and a Canadian citizen or landed immigrant
- Experiencing a developmental disability
- Keen interest to work in food services industry OR learn some basic cooking skills
- Able to work semi-independently
- Provide own transportation
- Available for classes from July 15, to August 30, 2019 Monday thru Friday - 10 AM TO 4 PM
- Application deadline - Friday June 12, 2019

**All information on this form will be held in confidence. Please print clearly.**

Date:
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LAST NAME:		FIRST NAME:	
DATE OF BIRTH: ____/____/____ dd / mm / yyyy		AGE: (    ) ADDRESS: _____ APT #: _____	
CITY:		PROVINCE:	POSTAL CODE: _____-_____
PHONE #: (    ) _____-_____	CELL PHONE #: (    ) _____-_____	STUDENT PHONE #: (    ) _____-_____	
EMAIL ADDRESS: _____		SIN #: _____-_____-_____	
Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No If not eligible, please provide details: _____			
EMERGENCY CONTACT:		RELATIONSHIP:	EMERGENCY PHONE #: (    ) _____ - _____ Ext. _____
FIRST LANGUAGE:		OTHER LANGUAGES:	

<p>CITIZENSHIP STATUS:</p>	<p>RELIABLE TRANSPORTATION: <input type="checkbox"/> Yes <input type="checkbox"/> No  How will you be getting to/from program?</p>
<p>PRIMARY CAREGIVER:  <input type="checkbox"/> Parent <input type="checkbox"/> Self  <input type="checkbox"/> Other – Specify: _____</p>	<p>CURRENT RESIDENTIAL SITUATION:  <input type="checkbox"/> Family Home <input type="checkbox"/> Own Home <input type="checkbox"/> Relatives  <input type="checkbox"/> Group Home <input type="checkbox"/> Other – Specify:  Lives with:</p>

**MEDICAL INFORMATION**

Developmental Diagnosis?:  Yes  No

If **YES**, indicate diagnosis:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a Dual Diagnosis?:  Yes  No

If **YES**, indicate diagnosis: (Example: development delay/schizophrenia)  
\_\_\_\_\_  
\_\_\_\_\_

Taking Medication?:  Yes  No

If **YES** can you:  
Self-administer your medications?  Yes  No

Work with equipment/kitchen utensils while taking those medications? ? :  Yes  No

List any side effects that you may experience:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check off and describe which apply to you:

Allergies \_\_\_\_\_  Hepatitis B \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Epilepsy \_\_\_\_\_

History of behavioural concerns; please check off and briefly describe (triggers, what it may look like, etc.):

Physical Aggression/Violent \_\_\_\_\_  
 Verbal Aggression \_\_\_\_\_  
 Self-Harm \_\_\_\_\_  
 Threats/Weapon Use \_\_\_\_\_

**\*Please Note-To ensure all students have a safe learning environment on campus St. Clair College has a no violence/aggression policy. People in this course must be safe to be in a group setting, to take direction and use kitchen equipment (knives, ovens, fryer etc)**

Can the applicant work safely in a professional kitchen (gas stoves, fryers, knives)?: Yes No

Please provide relevant information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SOCIAL SUPPORT**

**Current Support – Past and Present**

Type of Support: Home/self Agency

Name (family/friend): \_\_\_\_\_ Tel: \_\_\_\_\_ Ext. \_\_\_\_\_ How long? \_\_\_\_\_  
 Address: \_\_\_\_\_ Permission to contact? Yes No

Name of Agency: \_\_\_\_\_ Tel: \_\_\_\_\_ Ext. \_\_\_\_\_ How long? \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Permission to contact? Yes No

Receiving Income Support? Yes No

Please indicate as applicable:

- 1. ODSP
- 2. Ontario Works
- 3. Employment Insurance
- 4. Workplace Safety and Insurance
- 5. Canada Pension Plan
- 6. Accident, Sickness, Disability Insurance
- 7. Self
- 8. Support from family
- 9. Other; Please describe: \_\_\_\_\_

**EDUCATION**

		Name of school and level of education completed
Completed Elementary School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed Secondary School	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Completed College	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-Secondary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Training or Programs Completed:		

**CO-OP/VOLUNTEER EXPERIENCE (*Unpaid Work Experience*)**

<b>Dates</b>	<b>Job Title/Duties</b>	<b>Company</b>	<b>Reason for Leaving</b>

**WORK HISTORY (*Paid Work Experience*)**

<b>Dates</b>	<b>Job Title/Duties</b>	<b>Company</b>	<b>Reason for Leaving</b>

## **ADDITIONAL INFORMATION**

**Do you require any accommodations while in the placement or class? Please specify.**

**Can you do an interview independently? Or do you require support? (If so, what kind of support)?**

**Are you available for the full 9 months that the program runs? (Excluding Christmas Break and Reading Week).**

**Can you attend every Monday to Friday? You must be able to attend all days to get certificate.**

**Are you flexible in your hours of availability to attend class and placement? For example, placements may occur at a different start and finish time than classroom sessions.**

**How did you hear about this program? (referral source – name, organization, etc.)**

**Why do you want to attend this program?**

**We will contact you after the deadline and initial screening process. Those who pass the initial screening process will be contacted for interviews thereafter.**

Name of Person Completing this Application: \_\_\_\_\_  
(Please print)

Signature of Applicant: \_\_\_\_\_

*If you are called for an interview, who should be contacted to arrange the interview?*

**Name:**

**Relationship:**

Best way to reach the person:  Phone \_\_\_\_\_  Email \_\_\_\_\_

### Fees and Contact Information

**Fees:** \$3150 per student includes equipment, uniform (excluding footwear), food and all course materials necessary.

Fees payable by cheque to: **Christian Horizons**

**Apply:** Mail, Fax or email application to:

**Monica Leavoy,**

Program Manager

**Christian Horizons - The Link**

3050 Grand Marais Road East, Windsor, ON N8W 5A3

Phone: 226-787-2032; 519-945-8089 Fax: 519-255-9645

Email: [essexlink@christian-horizons.org](mailto:essexlink@christian-horizons.org)