



**Referral Form**

Date	
<b>Referring Agency Information</b>	
Agency	
Contact Name	
Phone Number	
Email	
How long have you been working with this individual?	
Why do you feel that this individual is suitable for the Bound for Success program?	
_____	
_____	
_____	
<input type="checkbox"/> Client has given their permission to share their contact information. <input type="checkbox"/> Client has given their permission to share other personal information attached	
<b>Client Information</b>	
Name	
Phone Number	
Email	
Date of Birth	

**Client consent to share contact and/or personal information**

I, \_\_\_\_\_ hereby give permission to \_\_\_\_\_ to share my information with Brant Skills Centre; and to Brant Skills Centre to communicate with \_\_\_\_\_ regarding my referral to the program. This information will be kept private and strictly confidential.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**Administrative Use Only**

Date Referral Received (DD/MM/YYYY):
Date Application Received (DD/MM/YYYY):



Please use the checklist below to determine eligibility requirements for Bound for Success Brantford-Brant programming.

In order to be eligible to apply for the program, all eligibility criteria listed below must be true.

Program Eligibility Checklist
<ul style="list-style-type: none"><li><input type="checkbox"/> Single mother 19+. Do <u>not</u> have live-in partner.</li><li><input type="checkbox"/> Canadian citizen, permanent resident, or convention refugee.</li><li><input type="checkbox"/> Have custody of at least one child under the age of 17 living in same home in direct care.</li><li><input type="checkbox"/> <u>Not</u> currently experiencing legal issues involving FACS.</li><li><input type="checkbox"/> Maximum of 3 children</li><li><input type="checkbox"/> Substance abuse free for at least 1 year, and no current criminal proceedings.</li><li><input type="checkbox"/> Able to participate in regular, scheduled programming</li></ul>
<p>The following criteria is preferred, but exceptions may be considered on a case-by-case basis:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Identify as having low-income (i.e. Ontario Works or Ontario Disability Support program recipient)</li><li><input type="checkbox"/> High school diploma, equivalent, or only 1-2 credits away from a diploma.</li><li><input type="checkbox"/> No previous post-secondary experience and/or unresolved OSAP debt.</li></ul>

*Other eligibility criteria may apply.*

**Next steps**

1. Complete a full application package
2. Submit application, resume, and any other supporting documentation to Brant Skills Centre along with this checklist.
3. Upon receipt and review of application, clients may be asked to meet individually with coordinator to discuss programming.
4. If selected to proceed, clients may be asked to attend an interview and skills assessment sessions.

Send submissions or questions to Brant Skills Centre directly:

**Email:** [info@brantskillscentre.org](mailto:info@brantskillscentre.org)

**Phone:** 519-758-1664

**Text:** 226-920-8071



### Bound for Success Brantford-Brant Application

To be filled in by the applicant

Applicant Information	
First Name: _____	Last Name: _____
Date of Birth: _____ mm      dd      yyyy	
Home Phone: _____	Cell Phone: _____
Email: _____	
Address: _____	Apt. #: _____
City: _____	Postal Code: _____
<b>Is this housing:</b>	
<input type="checkbox"/> Market rate rental	<input type="checkbox"/> Other:
<input type="checkbox"/> Subsidized rental	<input type="checkbox"/> Shared with others Eg. Roomate
<b>Marital Status:</b>	
<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
<input type="checkbox"/> Married or Common Law	<input type="checkbox"/> Widowed
<input type="checkbox"/> Separated	<input type="checkbox"/> Other: _____
<b>Citizenship Status:</b>	
<input type="checkbox"/> Canadian citizen	<input type="checkbox"/> Convention refugee
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other: _____



**Current Source of Income (please check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Ontario Works                     | <input type="checkbox"/> Child Tax Benefit |
| <input type="checkbox"/> Employment Insurance              | <input type="checkbox"/> No Income         |
| <input type="checkbox"/> Support Program (ODSP)            | <input type="checkbox"/> Employment        |
| <input type="checkbox"/> Child or Spousal Support Payments | <input type="checkbox"/> Other: _____      |

**Total Annual Gross Household Income  
(all sources):** \_\_\_\_\_

This information is required to determine eligibility for supports and guide programming.



Family Information	
Number of children: _____	
Number of children under the age of 17 in your legal custody and living with you: _____	
Child # 1	
First Name:	Last Name:
Gender:	Current Grade Level:
Date of Birth:	
Day care: <input type="checkbox"/> Required <input type="checkbox"/> Already have <input type="checkbox"/> N/A	Child care subsidy: <input type="checkbox"/> Required <input type="checkbox"/> Already have <input type="checkbox"/> N/A
Child # 2	
First Name:	Last Name:
Gender:	Current Grade Level:
Date of Birth:	
Day care: <input type="checkbox"/> Required <input type="checkbox"/> Already have <input type="checkbox"/> N/A	Child care subsidy: <input type="checkbox"/> Required <input type="checkbox"/> Already have <input type="checkbox"/> N/A
Child # 3	
First Name:	Last Name:
Gender:	Current Grade Level:
Date of Birth:	
Day care: <input type="checkbox"/> Required <input type="checkbox"/> Already have <input type="checkbox"/> N/A	Child care subsidy: <input type="checkbox"/> Required <input type="checkbox"/> Already have <input type="checkbox"/> N/A

Comments:

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<b>Education &amp; Skills</b>					
<b>Highest level of education completed?</b>					
<input type="checkbox"/> 9		<input type="checkbox"/> 11		<input type="checkbox"/> CAEC (or GED)	
<input type="checkbox"/> 10		<input type="checkbox"/> 12 or OAC		<input type="checkbox"/> Post-secondary (please specify): _____	
<b>Country where educated:</b> _____					
<b>How long have you been out of school?</b>			<b>What were your reasons for leaving school?</b>		
<input type="checkbox"/> Less than 1 year			<input type="checkbox"/> Quit		
<input type="checkbox"/> 1-3 years			<input type="checkbox"/> Expelled		
<input type="checkbox"/> 4-6 years			<input type="checkbox"/> Completed/Graduated		
<input type="checkbox"/> More than 6 years			<input type="checkbox"/> Other (please explain): _____		
<b>How would you rate your computer skills?</b>					
1 is not very good and 5 is excellent. Please check.					
<b>Word</b>	1	2	3	4	5
<b>Excel</b>	1	2	3	4	5
<b>PowerPoint</b>	1	2	3	4	5
<b>Access</b>	1	2	3	4	5
<b>Email/Outlook</b>	1	2	3	4	5
<b>Internet</b>	1	2	3	4	5
<b>Please list any training, licences, or certificates that you have completed or obtained:</b> (i.e. computer classes, cooking, sewing, driver's licence, apprenticeships, etc.)					
_____					
_____					
_____					
<b>What form of transportation do you use primarily:</b>					
<input type="checkbox"/> Public Transit		<input type="checkbox"/> Vehicle		<input type="checkbox"/> Other _____	
<b>Which of the following college programs interest you?</b>					
<input type="checkbox"/> Early Childhood Educator (ECE)		<input type="checkbox"/> Social Service Worker		<input type="checkbox"/> Other (please explain): _____	
<input type="checkbox"/> Practical Nursing		<input type="checkbox"/> Business		_____	
<input type="checkbox"/> Health Office Administration					



**Please list your top three program choices in order of preference. If you are unsure, please speak to staff.**

1.

2.

3.

Comments:

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<b>Employment</b>			
<b>What is your current employment status:</b>	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	
<b>Last or Current Employment (please also submit your resume with this application):</b>			
Company: _____			
Title: _____			
Start Date: _____ End Date: _____ (if applicable)			
<b>Reason for leaving:</b>	<input type="checkbox"/> Quit	<input type="checkbox"/> Fired	<input type="checkbox"/> Other:
<b>Comments:</b>			
<p><b>Describe your greatest concern about the transition back to work and/or school? What do you think will be your greatest challenge?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>			
<b>Please check any of the following professional traits you think you may possess:</b>			
<input type="checkbox"/> Good time management <input type="checkbox"/> Team player <input type="checkbox"/> Independent thinking <input type="checkbox"/> Flexible <input type="checkbox"/> Hard working <input type="checkbox"/> Good communication skills <input type="checkbox"/> Professionalism <input type="checkbox"/> Lifelong learner		<input type="checkbox"/> Versatile <input type="checkbox"/> Articulate <input type="checkbox"/> Goal-oriented <input type="checkbox"/> Good planner <input type="checkbox"/> Organized <input type="checkbox"/> Good at multi-tasking <input type="checkbox"/> Other:	

**Please give an example of how you have applied one of the traits above:**

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**Is there anything else you would like to add?**

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**Goals**

**Identify goals for the next:**

- **Six Months**

/personal/

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

/professional/

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

- **Two Years**

/personal/

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

/professional/

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_



## Bound for Success Brantford-Brant

If accepted into the program, what are you expectations?

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