

**APPLICATION FOR OWLL**  
**(Outstanding Women Learners and Leaders)**  
Program oriented to women aged 18+

**CONTACT INFORMATION**

**Name:**

.....  
Last First Middle Initial

**Address:**

.....  
Street (Apt) City, Postal Code

**Alternate Address:**

.....  
Street City, Postal Code

**Contact Numbers:**

( ) ( )  
Home Telephone Mobile

**Alternate Contact:** ( )

**Email**

.....  
Message Telephone

**PERSONAL INFORMATION**

**Birth Date** ...../...../..... **SIN**.....

**Gender:** Female  Male  **Medical Care Card #** .....

**Do you self-identify as any of the following?**

First Nation  Metis  Inuit  Visible Minority  Person with a Disability

**Driver's License** Yes  Class \_\_\_\_\_ No  **Vehicle** Yes  No

**Children living with you:** Yes  Ages: \_\_\_\_\_ No

**Collection and Use of Information:** Information is collected pursuant to Section 26c of the *Freedom of Information and Protection of Privacy Act*. The information provided will be used for the assessment of eligibility and/or administration of acceptance for the OWLL program.

**My Signature below means:**

- I have answered all the questions on page 1, 2 & 3 and the information provided is complete and accurate
- I understand the information collected will or may be used by the staff or agents of INEO Employment Services during my participation in the OWLL program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Read Carefully and Answer All Questions**

1. Are you currently employed? Yes  No

If yes, where? \_\_\_\_\_

How many hours per week? \_\_\_\_\_

2. Are you legally entitled to work in Canada? Yes  No

3. Are you eligible for Employment Insurance (EI)? Yes  No

Do you have or have you had an EI claim in the last 3 years or a maternity / parental claim in the last 5 years? Yes  No

4. Do you have any income support?

Income Assistance? Regular  PPMB  PWD

Disability Pension? WCB  Canada Pension

Other  If other, what? \_\_\_\_\_

**5. Education**

<b>High School:</b>	<b>Grade Completed:</b>	<b>Certificates / Accomplishments</b>
<b>College / University:</b>	<b>Years Attended:</b>	<b>Certificate/Diploma/Degree</b>
<b>Trade / Technology School:</b>	<b>Years Attended:</b>	<b>Certificate/Diploma/Degree</b>
<b>Other Education</b>		<b>Certificate[s]</b>

**6. Work Experience:**

Employer	<p style="text-align: center;">Month / Year</p> <p>From _____ / _____</p> <p>To _____ / _____</p>	Position / Duties:
Employer	<p>From _____ / _____</p> <p>To _____ / _____</p>	Position / Duties:
Employer	<p>From _____ / _____</p> <p>To _____ / _____</p>	Position / Duties:

**7. Any Volunteer Placements or Community Contributions:**

---



---

**8. What challenges or barriers have you experienced in looking for employment?**

(For Example: Alcohol or drug use, domestic violence, childcare challenges, medical challenges, housing, etc)

---



---

**9. Why do you want to participate in the OWLL program?**

---



---

**Office Use Only**

Completed ERS Date: \_\_\_\_\_

ERS Feedback Provided: \_\_\_\_\_

Interview Scheduled Date: \_\_\_\_\_

Accepted

Referred To \_\_\_\_\_

Staff Signature: \_\_\_\_\_