



PORTAGE LEARNING & LITERACY CENTRE

110 Saskatchewan Avenue West Portage la Prairie, Manitoba R1N 0M1

Telephone: 204-857-6304 Fax: 204-857-6358

E-mail: pwep@pllc.ca Website: www.pllc.ca

Program Overview

Portage Accessible Careers and Employment

Portage Accessible Career & Employment (PACE) is a new program that works closely with the Portage Work Experience Program (PWEP), offered through the Portage Learning and Literacy Centre. It is focused on individuals who need more support due to a visible or invisible disability.

Participants are compensated at minimum wage for completing (120 hours) of Skills for Employment Training, followed by approximately (375 hours) of Work Experience placement that will enable them to develop a broad range of skills and knowledge relevant to the current and future labour market and to prepare for, find and keep good jobs.

The purpose of this evaluation is to determine what disabilities the individual lives with, as well as the types of support they may need to succeed in training and placements. Once deemed eligible for the program (using this evaluation), the Program Coordinator will set up an appointment to go through the application and ask additional questions. If accepted into the program the Program Coordinator and the participant will work together to make a training schedule that is tailored to the individual's employment goals.

Spots in this program are limited. Please fill out the application thoroughly with as much information as possible.

Applications MUST be filled out by the participant applying. This is part of the evaluation, however, if the participant requires assistance filling out the application, please contact us to make arrangements or have permission given to a 3rd party/person to complete the form.

Information from this evaluation will also be used for:

- Reporting any barriers as experienced by clients and participants;
- Referring the client to another service provider for further assistance;
- Recommending a participant-motivated plan of action for the duration of the program;

Confidentiality

If information from this evaluation is used for the purpose of reporting, no names shall be used to protect the client's identity.

The PLLC is a non-profit organization located in downtown Portage la Prairie, offering programs and services for the residents of the Central Plains region for over 30 years. Through a positive and supportive environment, the PLLC is committed to providing opportunities for individuals to realize their education, employment, and immigration goals. The Portage Work Experience Program started at the PLLC in 2016 through funding provided by Employment and Social Development Canada (ESDC).



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Contact Information

Name: _____

Social Insurance Number (SIN): _____

Phone Number: _____

E-Mail: _____

Date of Birth: _____

Address: _____ Postal Code: _____

City: _____ Province: _____ Box #: _____

Preferred first name (if different than above): _____

My current gender identity is: _____ Preferred Pronouns: _____

Secondary or Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

Program Eligibility

To be eligible for this program, you must be: 15 years or older, Person living with an invisible or visible disability, Canadian Citizen, Permanent Resident or Protected Person, living in Portage la Prairie, MB or Central Plains Region and experiencing a barrier to employment. Do you meet these criteria? Yes ☐ No ☐

If under 18, are you enrolled in high school? Yes ☐ No ☐

Are you receiving any government assistance (E.I., Social Assistance)? Yes ☐ No ☐

Demographic Information

Member of Visible Minority (non-Caucasian, non-Indigenous): Yes ☐ No ☐

Indigenous Group:

☐ Registered off-reserve

☐ Registered On-Reserve

☐ Non-Status

☐ Metis

☐ Inuit

☐ N/A

Persons with a disability: Yes ☐ No ☐

Have you moved to Canada in the past 5 years? Yes ☐ No ☐



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Employment/Education

What are your short-term employment or career goals? _____

What kind of job or field are you most interested in gaining work experience in? (e.g., retail, trades, food service, childcare, customer service, cleaning, landscaping, office/administration, etc.) _____

Have you completed and graduated from high school, Mature 12, or received your GED?

Yes ☐ No ☐ Currently Enrolled* ☐ Year Graduated: _____

Highest Grade Completed: _____

** If currently enrolled in school, please note that PWEP requires a full-time commitment of Monday – Friday 9am to 4pm for 4 weeks.*

Please explain any barriers for employment you may be facing.

(These are SELF-IDENTIFIED and do not require a formal diagnosis)

Mental Health

☐ Anxiety

☐ Depression

☐ Trauma

☐ Other: _____

How does this negatively impact your daily life and/or ability to work? _____

Physical Health

☐ Previous Injury

☐ Physical Limitations

☐ Medical Condition: _____

☐ Other: _____

How does this negatively impact your daily life and/or ability to work? _____

Learning Disorders

☐ Dyslexia (Reading)

☐ Dysgraphia (Writing/Spelling)

☐ Dyscalculia (Numbers/Math)

☐ ADHD/ADD

How does this negatively impact your daily life and/or ability to work? _____



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Addiction issues

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Other: _____ |

How does this negatively impact your daily life and/or ability to work? _____

Legal barriers

- | | |
|---|---|
| <input type="checkbox"/> Criminal Record | <input type="checkbox"/> Seriousness of Offense |
| <input type="checkbox"/> No Contact Order | <input type="checkbox"/> Other: _____ |

How does this negatively impact your daily life and/or ability to work? _____

Other

- | | |
|--|--|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Lack of Driver's License/Transportation |
| <input type="checkbox"/> Housing Instability | <input type="checkbox"/> Lack of Skills (Technology etc.) |
| <input type="checkbox"/> Language Barriers | <input type="checkbox"/> Other: _____ |

How does this negatively impact your daily life and/or ability to work? _____

Do you have any scheduling conflicts or regular appointments (e.g., medical, therapy, parenting responsibilities) that we should be aware of?

☐ Yes ☐ No

If yes, please explain: _____

