



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 Work Experience Program

The Portage Work Experience Program (PWE) is an employment program that assists youth (ages 15-30) in Portage la Prairie and surrounding communities to overcome barriers to employment.

These individuals may include, but are not limited to:

- youth who are early leavers of high school
- youth from visible minority groups
- youth living with disabilities
- single-parent youth
- youth living in low-income households
- youth experiencing homelessness or precarious housing
- youth living in rural or remote areas

Through skills training and work experience, participants will develop a broad range of skills and knowledge to help guide them toward a successful transition to the labour market or to return to school. Applicants selected for the program will receive pre-employment skills training for 30 hours per week for four weeks, followed by a full-time work placement for 10 weeks (or up to 375 hours), compensated by their employer starting at minimum wage (MB) or higher.

Some of the training may include:

- First Aid, CPR & AED Certification
- Career Development
- Job Search & Interview Preparation
- Resume Development
- Food Handlers &/or Smart Choices Certification
- Customer Service Skills
- Soft Skills for Employment
- Conflict Resolution
- Money Management
- And more!

Applications MUST be filled out by the participant applying. 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.

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 educational, employment, and life 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: _____

Phone Number: _____ Relationship: _____

Program Eligibility

To be eligible for this program, you must be: youth between the ages of 15-30, 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 PWEF 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: _____



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CONSENT

The information provided on the application form is collected under the authority of section 7 of the Department of Employment and Social Development Act for the purpose of determining your eligibility to participate in the Youth Employment Strategy program. The Social Insurance Number (SIN) is collected in accordance with the Treasury Board Directive on Social Insurance Number which lists the Youth Employment Strategy as an authorized user of the SIN. The SIN will be used for determining your eligibility to participate. Participation in the Youth Employment Strategy is voluntary. Refusal to provide information will result in you not being eligible to participate. The information you provided may be used and/or disclosed for policy analysis, research and/or evaluation purposes. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you. Your personal information is administered in accordance with the Department of Employment and Social Development Act, the Privacy Act and other applicable laws. You have the right to the protection of, and access to, your personal information, which is described in the Personal Information Banks ESDC PPU 706. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following web site address: <http://www.infosource.gc.ca>. Info Source may also be accessed on-line at any Service Canada Centre.

I, _____ the undersigned, give my consent for The Portage Learning and Literacy Centre to release the information contained in this form regarding my participation in a Youth Employment Strategy (YES) program to Employment and Social Development Canada (ESDC). I acknowledge that the information is collected and administered in accordance with the Department of Employment and Social Development Act, the Privacy Act and other applicable laws, and that it may be used to determine my eligibility for the YES program and provided to ESDC for the evaluation and accountability of the YES program. I may be contacted in the future by ESDC regarding my participation in the program.

Signature of Applicant

Date

Signature of Parent/Guardian if under 16

Date