



# PORTAGE LEARNING & LITERACY CENTRE

110 Saskatchewan Ave. W. Portage la Prairie, Manitoba R1N 0M1

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

E-mail: [info@pllc.ca](mailto:info@pllc.ca) Website: [www.pllc.ca](http://www.pllc.ca)

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## ***Portage Accessible Careers and Employment Application***

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**Please Print Clearly**

### **Contact Information**

Name: \_\_\_\_\_

Social Insurance Number (SIN): \_\_\_\_\_

Phone Number (primary contact): \_\_\_\_\_

E-Mail (Secondary Contact): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: Street: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Box #: \_\_\_\_\_

### **Secondary or Emergency Contact**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **Program Eligibility**

Do you self-identify as having a permanent physical or mental disability that may restrict your ability to perform daily activities? Yes No

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

Are you a Canadian Citizen, Permanent Resident, or Protected Person? Yes No

Are you living in Portage la Prairie, MB or Central Plains Region? Yes No

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

➤ If yes, what are you receiving? E.I. E.I.A

How many hours a week are you able to work? \_\_\_\_\_ Hours

Do you attend any current programs for people with disabilities? Yes No

➤ If yes, what programs \_\_\_\_\_



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## **Personal Information**

My current gender identity is \_\_\_\_\_

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

Indigenous Group:

Registered off-reserve

Registered On-Reserve

Non-Status

Metis

Inuit

N/A

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

**Any of the following questions are asked to gain a better understanding of your situation. Please answer truthfully and include any important information that could better help us in helping you in your training & employment placement.**

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

Yes      No      Currently Enrolled      Year Graduated: \_\_\_\_\_

If you have not completed one of the above, do you have plans for returning to school or are you interested in finding out more information about our Mature Student High School Diploma (Mature Grade 12 program) at the PLLC? Please explain:

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**The training component is a mix of at-home and in-person sessions at the PLLC. Please answer the following questions.**

Do you have transportation to and from training and your work experience placement?

Yes      No      *Unsure*

Do you have a quiet place to work at home?

Yes      No

Do you have an internet connection at home?

Yes      No



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## Please explain any disability you may be facing for employment.

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

### Mental Health

Anxiety

Depression

Trauma

ADHD/ADD

Other: \_\_\_\_\_

### Physical Health

Previous injury/Limitations

▪ Explain: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

### Learning Disorder

Dyslexia – Difficulty with reading

Dysgraphia – Difficulty with writing & spelling

Dyscalculia – Difficulty with numbers & math

### Childcare

### Addiction issues

drugs

alcohol

gambling

other: \_\_\_\_\_

### Legal barriers

criminal record

seriousness of the

offence

no contact orders

Lack of driver's license/transportation

Lack of education/training

Housing issues

Lack of skills (i.e. computer, technology, job searching)

Language barrier (i.e. limited proficiency in English)

### Any other barriers not listed above:

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## How did you hear about us?

*PLLC – Employment Assistance Services*

*PLLC – Newcomer Settlement Services*

*PLLC – Education*

*Other Training or Education Institution*

*Indigenous Organization*

*Community Agency*

*Internet/Facebook*

*Advertisement/Bulletin*

*Self*

*Other \_\_\_\_\_*

### **FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT (FIPPA)**

Your personal information is confidential and will be used to contact you to set up an interview. It is collected under the authority and regulations of the agencies that provide funding for our programming.

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**Signature of Applicant**

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**Date**

*Thank you for your application to the Portage Work Experience Program. The Program Coordinators will review your application and will contact you to set up a meeting for an Employment Readiness Evaluation*