

**SOFT SKILLS FOR SUCCESS
WORKSHOPS
APPLICATION FORM**



WORKSHOP APPLIED FOR (select one only*)

- a separate application form must accompany each workshop applied for.

NOTE: Workshop enrollment limited to first 20 qualified applicants.

<input type="checkbox"/> Canadian Workplace Practices <input type="checkbox"/> Interview Skills <input type="checkbox"/> Self-Management <input type="checkbox"/> Teamwork Skills	<input type="checkbox"/> Verbal & Non-Verbal Communication Skills <input type="checkbox"/> Written Communications – incl. technical applications <input type="checkbox"/> Presentation Skills
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<p>English Language Proficiency</p> <p>All workshop participants will be expected to have sufficient English language proficiency.</p> <p>Where necessary, an evaluation of English language skills will be done.</p>	<p>FOR OFFICE USE ONLY:</p> <input type="checkbox"/> CBT Results _____ <input type="checkbox"/> ELP requirement waived <input type="checkbox"/> Referred for ESL training
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PERSONAL DATA

Title Mr. Mrs. Ms. Miss Other _____

Last Name		First Name		Middle Initial
Address		City		Province
Postal Code	Telephone (Home)	Telephone (Work)		
E-mail		Social Insurance Number (SIN)		

*** NOTE: Applicants must have a University Degree plus at least 2 years work experience.**

ACADEMIC HISTORY (List all post secondary qualifications starting with the most recent)

Name and Location of Institution	Program	Date (From ___ to ___)	Diploma/Degree Completed

CURRENT EMPLOYMENT STATUS

Employed Unemployed

EMPLOYMENT HISTORY

Describe your paid and non-paid work experience starting with the most recent.

Name and Location of Employer	Position	Date (From ___ to ___)

CITIZENSHIP STATUS

Canadian Citizen Landed Immigrant - Date of Entry into Canada: _____

SOFT SKILL GAPS

Describe soft skill gaps that are impeding your workforce attachment or performance. (If unsure, go to Soft Skills Self-Assessment - http://www.vitesse.ca/site/process_assess.htm).

DECLARATION

Please read the following conditions carefully before submitting your application:

- I hereby certify that all statements in this document are correct including my declaration of citizenship. I understand that misrepresentation of this data may result in termination of my involvement in the Vitesse Soft Skills program.
- I understand that if selected to participate in the Vitesse Soft Skills workshop, I am obliged to complete the workshop.

Signature _____ Date _____

Please forward the application form and all required documents to the following address:

VITESSE (Re-Skilling) Canada Inc.
1200 Montreal Road, Building M-50, Room B235A
Ottawa, Ontario
K1A 0R6
Tel: (613) 746-3595 FAX: (613) 746-6653