DSWW Pre-registration

CONTACT INFORMATION   Date: _____

Name _____

Mailing address: _____

Postal Code: _____Email:_____

Phone: _____Emergency Phone:_____

How did you hear about this program? _____

_____

EMPLOYMENT STATUS - *Please circle all that apply*

_____ Unemployed and looking for work

_____ Unemployed and unable to work

_____ On temporary lay-off

_____ In a training program

_____ Working but not paid (volunteering, community service, etc.)

_____ Working – employed or self-employed – full or part time

_____ Other: _____

COMPUTER SKILLS / EXPERIENCE - *Please circle all that apply*

How often do you use a computer?	Frequently	Sometimes	Never
Do you own a computer?	Y	N	
I can turn a computer on.	Y	N	

I can type information into a computer.   Y   N

I can open a file or a program on a computer.   Y   N

I can send and receive an email.   Y   N

I can find information or pictures on the internet.   Y   N

I can open and make changes to an existing Word document.   Y   N

I can create a new Word document.   Y   N

INFORMATION FOR OUR FUNDERS - *Please circle all that apply*

This information is confidential and is used for statistics only, your name will not appear with the information you provide.

Are you: Male   Female

Which age category are you in: 16 - 29   30 - 54   55 +

Are you a youth with barriers preventing you from work?   Y   N

Are you on Employment Insurance?   Y   N

Are you a person with disabilities?   Y   N

Are you a high school graduate?   Y   N

Are you a Permanent Resident?   Y   N

Are you on Social Assistance?   Y   N

Are you a Francophone?   Y   N

Are you aboriginal?   Y   N