



**TRAINING APPLICATION**  
Women's Shelter Support Worker/Educator



**IDENTIFICATION**

Last Name:

First Name:

Date of Birth:

  
month/day/year

**CONTACT INFORMATION**

Street Address:

Town/City:

Postal Code:

Telephone:

Alternate number to contact you:

Email:

**EDUCATIONAL INFORMATION**

**High School Education** *(Beginning with most recent)*

School Name	City/Town	Province/State

Year of high school graduation or equivalency obtained:

**Post Secondary Education/Training** *(Beginning with most recent)*

Name of Institution	Program Name	Years attended	Program Completed		Certificate/Diploma Obtained	
			YES	NO	YES	NO

**IMPORTANT APPLICATION INFORMATION**

Please provide along with this application:

- **Proof of High School Diploma or Equivalency**
- **Criminal Background Check/Vulnerable Sector Check**

If you have any questions related to this application or the training program, please contact **Cheryl LaBillois at 418-788-1347.**

**Applications can be dropped of at the LMDC no later than 12p.m. on Friday July 21, 2017**

**SIGNATURE**

The information provided on this application is accurate and complete.

Applicant's signature

Date

**For Office Use Only**

Date Application received:

Prerequisites met:  yes  no  undetermined

Additional information required: