# **Computer Skills for the Office Short Certificate Program**

# **for Immigrant and Racialized Women**

**January 2024 – August 2024**

Eligibility/Application Form

**\*\*ALL FIELDS ON THIS PAGE ARE REQUIRED FIELDS\*\***

Legal First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred name (if different from legal name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Mailing Address (incl. postal code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Employment Status (Please check ONE box only):** | |
| **I’m employed:** | **I’m unemployed:** |
| **Full time, permanent position** (more than 30 hours/week, with no specified end date) | EI Recipient |
| **Full time** (more than 30 hours/week) in **a seasonal, temporary, or casual position**  Job type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full time position end by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | EI Recipient – Maternity Leave  Please provide date when EI is finished: |
| **Part-time** (30 or less hours/week)  Job type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Income Assistance Recipient |
| Other: Please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other: Please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Citizenship Status (Please check ONE box only):** | |
| I’m a Canadian citizen, born in Canada  I’m an immigrant with citizenship (Year arrived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  I’m a permanent resident (PR) (Year arrived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  I’m a Protected Person or Ukrainian national in Canada under CUAET (Canada-Ukraine Authorization for Emergency Travel), entitled to work and study in Canada (a work visa and study permit will be requested) (Year arrived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  I identify as an Indigenous person (incl. First Nations, Métis, and Inuit) | |

**Additional Information (Optional):**

**The following is voluntary information and will not affect your eligibility. Please provide information that you are comfortable sharing.**

* Highest level of education completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have child(ren) as dependent(s): \_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* May need additional support (e.g. childcare supports, technology supports, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Previously taken online courses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Heard about this program from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By completing this form, I confirm that I meet the following eligibility criteria:

Living in BC  
 Canadian Citizen **OR**  Permanent Resident **OR**  Protected person entitled to work in Canada (a work visa and study permit will be requested), including Ukrainian nationals in Canada under CUAET (Canada-Ukraine Authorization for Emergency Travel)  
 At least 16 years of age, or older  
 Have a valid Social Insurance Number (SIN)

Is currently Unemployed or Precariously Employed (part-time, casual, or on contract ending soon)

**NOT** receiving duplicative financial supports from another provincially or federally funded labour market program Be ready to participate in the program starting on **January 15, 2024**

Have reviewed the draft schedule and able to participate in the program for the full duration, **ending August 2024**.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full legal name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If eligibility requirements have been met, you will be contacted to set up a required interview prior to acceptance into the program. Acceptance into the program is not guaranteed, even if all eligibility criteria are met.

For additional information and eligibility requirements contact   
Pak Ka Liu, Program Coordinator at [pkliu@langara.ca](mailto:pkliu@langara.ca)