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I CAN-T.E.R. GROOM SCHOOL APPLICATION

Participant Information

Section 1 : Profile			
Last name		First name	
Street Address		City	
Province		Postal Code	
Phone #	Alt. Phone#	email	
Gender M F	Date of Birth		Age
For Office Use: Proof of Age documentation			

Current Source of Income: Please Check which one(s) apply

- i Ontario Works _____
- i Ontario Disability Support Program (ODSP) _____
- i Dependent of OW/ODSP _____
- i Workplace Safety Insurance Board _____
- i Employment Insurance (EI) _____
- i No Income _____
- i Other _____

Have you applied for Employment Insurance Benefits in the past 52 weeks?

Yes _____ & where did you apply? _____
 No _____ Unsure _____

Section 2: Health History

Identify any health issues or disabilities that would affect your ability to work.

Are you fit and able to work in an outdoor environment with horses and all associated duties?

Do you have a current Tetanus Shot? YES (Date) _____	NO
<i>Consult with your physician or you local health department if you're not up to date with this shot - It is highly advised due to the nature of this training program.-</i>	

Section 3	Work History & Education
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Are you legally entitled to work in Canada?

Yes _____ ----- Canadian Citizen _____ Or Work Permit _____
or
 No _____ ----- Landed Immigrant _____ Or Other _____

Do you have a Social Insurance Number?	Yes _____ Or No _____
If yes, please provide it here	

Work History

List below all work you have done, including volunteer work, starting with the most recent:

Start Date	End Date	Job title/duties	Company Name	Reason for Leaving

Education & Training History

Circle your highest grade completed.

Grade 8	High School - Received OSSD grade 9 10 11 12 OAC	College 1 2 3 4 Year Certificate/Degree	University 1 2 3 4 Year Degree/Masters
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Trade Certificate? Or professional designation attained:	
Are you currently registered in: Literacy program _____ Actualisation Linguistique en Francais _____ English as a Second Language _____	
Are you currently enrolled in a course/training? YES, name of course:	NO
Country in which highest Education level was attained:	
Are you returning to School? YES NO	If yes, when? Date: _____ If no, when did you last attend? Name of School last attended: _____

Section 4: Skills & Interests

Are you currently employed? **YES** How many hours per week? _____
 Where? _____
NO When did you last work? _____
 DD/MM/YY

Why have you applied to this training course?
