



CENTRE FOR  
**Preparatory &  
 Liberal** Studies

## CONSTRUCTION CRAFT WORKER Extended Training

# (CCWET) APPLICATION CONSTRUCTION CRAFT WORKER EXTENDED TRAINING

**Thank you for your interest in the Construction Craft Worker Extended Training Program.**

We are excited to be offering this unique program which has been created through a partnership between George Brown College and The Centre for Addiction and Mental Health (CAMH)

Please carefully review the enclosed information and submit your application\* to:

### CONSTRUCTION CRAFT WORKER EXTENDED TRAINING Augmented Education Programs

George Brown College  
 200 KING STREET E., RM 524 A  
 Toronto, ON, M5A 3W8  
 (416) 415-5000 ext. 6790  
[auged@georgebrown.ca](mailto:auged@georgebrown.ca)

Candidates for admission will be contacted for a personal interview with the program admissions committee. Successful candidates will receive official notification from George Brown College.

Successful candidates for program admission will receive official notification from George Brown College after all intake interviews are completed.

Our CCWET training program is offered free of charge to students, all tuition, supplies, uniforms and equipment are provided.

For more information contact the Augmented Education office at:

(416) 415-5000 ext. 6790 or fax: (416) 415-2870  
 email: [auged@georgebrown.ca](mailto:auged@georgebrown.ca)

**\*In addition to your completed application, an expression of support or a reference letter would be an asset. Please attach if available.**



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# CONSTRUCTION CRAFT WORKER Extended Training

## (CCWET) APPLICATION

P.1

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

Middle Name: \_\_\_\_\_

Date of Birth: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

Address: (include apt #):  
\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (If available)

How long have you lived at your current address: \_\_\_\_\_

Who do you live with? \_\_\_\_\_

Do you have any dependants? YES / NO

Do they require day care arrangements? YES / NO

### CONTACT PERSON (IN CASE OF AN EMERGENCY)

Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Are you legally entitled to work in Canada: YES / NO

Social Insurance#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### LANGUAGES

First Language: ENGLISH / FRENCH Other: \_\_\_\_\_



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### ACADEMIC INFORMATION

Level of High School completed: \_\_\_\_\_  
\_\_\_\_\_

Level of Post-Secondary school completed: (College, University, or vocational school)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CURRENT EMPLOYMENT STATUS

Working: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Not Working: \_\_\_\_\_

Attending School: \_\_\_\_\_ Doing Volunteer Work: \_\_\_\_\_ In a training program: \_\_\_\_\_

Please give details:

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Are you currently receiving financial or other government benefits? YES / NO If yes, please write:

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Other income — please specify:

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**PLEASE LIST PREVIOUS WORK EXPERIENCE: (Attach a resume if available.)**

Dates of employment	Position	Employer	Reason for leaving
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**GENERAL HEALTH AND WELL BEING**

This program is for people who have problems with mental health or addiction. Please describe your primary diagnosis:

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Are you participating in an alcohol or drug recovery program? YES / NO / Not Applicable. If yes, please describe:

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How long have you been in recovery? \_\_\_\_\_

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Has your disability made it difficult for you to find or keep a job? Please explain.

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Please list all supportive networks currently available to you (including family/friends/counsellors):

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In the CCWET program you are expected to participate in approximately 25 hours per week of classroom time, lab time, and work placements. Have you had any experience (e.g. work or education) that demonstrates that you are able to manage this commitment?

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Construction employment usually has an early start in the morning. Are you comfortable with the idea of having to get up at 05:00 AM to be at work for 07:00 AM?

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In the workplace, what do you consider to be your greatest strengths?

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In the workplace what do you consider to be your main areas for development?

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Are you comfortable working in high places or on ladders: YES / NO

Do you like working with machinery and different kinds of tools: YES / NO

Do you enjoy being physically active in a mostly outdoor environment: YES / NO

Employment in this field often requires working in dusty and dirty conditions.  
Are you comfortable with working outdoors in these conditions?

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Are you comfortable with having a Portable toilet as the only washroom facilities?

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Do you have a valid driver's licence? YES / NO

Do you own a vehicle: YES / NO

**WE WANT YOU TO SUCCEED!** Please provide any other information which you think will best help us determine your acceptability into the Construction Craft Worker Extended Training program.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**\*In addition to your completed application, an expression of support or a reference letter would be an asset. Please attach if available.**