



**RAWQ Skills Link Project
Application Form**

Family Name: _____

First Name: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

Age: _____ Telephone: _____ Email: _____

Are you a Canadian citizen or permanent resident?	Yes	No
Do you speak and understand English?	Yes	No
Are you currently attending high school, CÉGEP or university?	Yes	No
Are you currently working?	Yes	No
Are you receiving employment insurance?	Yes	No
Are you able to commit to full-time participation for this program up until June 22, 2018?	Yes	No

Briefly explain, why would you want to participate in this project.

How did you hear about this program? _____

Signature _____ Date _____

Please return your completed application to our office or email it to
skillslink@westquebecers.com. Our office hours are from 10:00 am to 4:00 pm Monday to
Friday.