

Please fill out the following form and return to sender.

FIRST NAME, LAST NAME

PROGRAM LOCATION



Did your training help prepare you for future employment?

Yes

No

No Response

Please let us know what you are currently doing? Please select one.

Both employed and
Education

Employed Full-Time

Employed Part-Time

Employed Apprentice

Employed in a more suitable job

Unable to work

Employed in a professional
occupation/trade

Employed in area of training/choice

Volunteer

In education – post secondary

In education – OSSD or equivalent

In education – other

In education – academic upgrading

In training – EO Literacy

In training – ESL/FLS

In training – Federal

In training – Second Career

Independent

In training – MCI Bridge projects

In training – other occupational
skills training

Both employed in
and in training

In training – other EO training
initiatives

Self-Employed

Unemployed

If you are working (full-time, part-time, self-employed, then please answer questions below. If you prefer not to answer please leave this part blank.

Hours per week:

Wage:

Wage Per:

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM!