



Developmental Disabilities Counsellor Program

Application Form - January 2009



In Partnership with Kerry's Place Autism Services, Montage Support Services, New Leaf: Living and Learning Together Inc., New Visions Toronto & The Salvation Army Broadview Village

Who should apply?

Open to High School Graduates, minimum 18 years of age. Will be of particular interest to students seeking both hands-on work experience and education in the social services sector. We would consider applications from those who are interested in learning skills to make a positive difference for people with developmental disabilities.

How to apply?

Submit the application along with a resume and cover letter. Also, please submit three (3) professional references and other documents that will support your acceptance into this program.

Tuition Fee:

\$1500 – this fee covers the cost of all courses/topic areas (including certifications) and the cost of all required workbooks.

Program:

One 4-month semester of training and placement includes:

- In class study with 24 topic/content areas and certifications programs
- Practicum in various locations at one of the partnering agencies.
- 192 hours of paid placement in a partnering agency.

Extended Application Deadline:

November 28, 2008

On successful completion of all program components, students will receive an interview for a part-time staff position at one of the partnering agencies. (Please note that employment at a partnering agency is not guaranteed)

Contact Information:

Name: _____

Address: _____

Phone:(Home) _____

E-mail: _____

(Cell) _____



Why are you interested in participating in this program?

Horizontal lines for text entry

Please tell us about any volunteer experience you may have. Highlight any volunteer experiences, or skills you have acquired that you feel have prepared you for employment in this field.

Horizontal lines for text entry

Please describe your past education, include your school as well as training outside of school that you may have completed.

Table with 4 columns: Name of School/Training, Country, Date (start ~ end), Level Completed

Tell us about any courses that may have equipped you for employment in this field.

List your most recent Employment History.

Place of Employment	Country	Date (start ~ end)	Position – briefly describe
		~	
		~	
		~	
		~	
		~	

Tell us about any additional skills you have acquired through employment that you believe support your ability to work in this field.

Please feel free to provide any further information that you feel would be valuable for the selection process.

By signing below I am indicating that all information provided in this application is true. I understand that providing false information will result in elimination from the selection process or expulsion from the program.

Applicant's Signature: _____ Date: _____

- Please return your completed application form along with your cover letter, resume, and letters of recommendation

And

- Please complete the questionnaire on the next page and return to:

Joe Persaud
Manager, Learning & Development
jpersaud@reena.org
Reena
Toby and Henry Battle Developmental Centre
927 Clark Avenue West
Thornhill, Ontario
L4J 8G6

Fax: 905-889-4039

Privacy Statement: Reena and its partners respect the privacy of applicants and registrants. We do not sell or rent any information obtained from these applications. Our personnel are authorized to access personal information based on their need to deal with the information for the reason(s) for which it was obtained. Information is not disclosed or shared more widely than is necessary to achieve the purpose for which it was gathered.

Reference Consent Form

Please read the following information before you fill out this form

1. Please use professional References

Please give us your supervisor at your paid job, volunteer or academic training as your references.

Please do not use: friend, co-worker, relatives, lawyer (unless you worked for them) and counselor (unless you worked for them) as your references.

2. Please provide their work place phone number, e-mail and fax number.

3. Please inform your references that they may be contacted (reference check will be done after acceptance to the program)

This will confirm that I, _____ (**PLEASE PRINT**)
have provided Reena with the following references. I give my consent to Reena to
contact them in regards to a professional reference on my behalf.

Name: _____ Position: _____

Company/Org: _____

Phone: _____ Fax: _____

Email: _____

Relationship to Candidate: _____

Name: _____ Position: _____

Company/Org: _____

Phone: _____ Fax: _____

Email: _____

Relationship to Candidate: _____

Name: _____ Position: _____

Company/Org: _____

Phone: _____ Fax: _____

Email: _____

Relationship to Candidate: _____

SIGNATURE

DATE

Questionnaire for DDC (Developmental Disabilities Counsellor) Program

Thank you in advance for answering this questionnaire. Your answers will help us to improve the marketing of the DDC program. (Please note: **the answers you provide on this questionnaire have no effect on your application.**) Please read carefully and complete the following questions and return this questionnaire along with your application form.

1. Please tell us about yourself

Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male				
Age	<input type="checkbox"/> 18~24	<input type="checkbox"/> 25~34	<input type="checkbox"/> 35~44	<input type="checkbox"/> 45~54	<input type="checkbox"/> 55~64	<input type="checkbox"/> 65+
Years in Canada	<input type="checkbox"/> 0~2(Years)	<input type="checkbox"/> 3~5	<input type="checkbox"/> 6~9	<input type="checkbox"/> Over 10	<input type="checkbox"/> Since Birth	

2. How did you first find out about the DDC Program? (Please check only one that apply)

- Poster/ Flyer (Where did you see it? : _____)
- Advertisement in Newspaper/ Magazine (Name of the publication : _____)
- Internet Search
- Resource Centre (name of the centre: _____)
- My friend/ family member told me
 → Is the person a past DDC student? (Yes/ No)
 Please tell us how the person discover the program: _____)
- Others: _____)

3. Please rate the areas below in a scale of 7 (most attractive) to 1 (least attractive).

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| ▪ Full-time Study (9am – 5pm) | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| ▪ Study Area (24 topics) | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| ▪ Paid Placement | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| ▪ Guaranteed Job Interview | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| ▪ Employment rate after graduation (90%) | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| ▪ Tuition | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| ▪ Duration (4 months) | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| ▪ Program Frequency (January and July) | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| ▪ Travel Time to the DDC Program | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| ▪ Reena | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| ▪ Partnership with George Brown College | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| ▪ Partnership with 5 other agencies | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| ▪ Humber College Recognition | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Thank you very much for your cooperation!!

