



Developmental Disabilities Counsellor Program

In Partnership with Kerry's Place Autism Services
and Montage Support Services

Application Form – July 2010 Program



Who should apply?

Open to High School Graduates, minimum 18 years of age. This program 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 the skills required to make a positive difference in the lives of individuals with a developmental disability.

Please note: One of the key objectives of the DDC program is to recruit potential **NEW** employees to work in the developmental services sector. Therefore, individuals who are presently employed by a developmental services agency **DO NOT** qualify for consideration to enrol in this program.

How to apply?

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

Registration Fee:

\$2000 – this fee covers the cost of all courses, books and certificates. (Transportation and Criminal Reference Check are not included)

Application Deadline:

May 7, 2010

Student Selection Process:

1. All applications will be screened.
2. Only qualified applicants will be called for a brief telephone screening interview. (Applicants are encouraged to learn more about the DDC Program). Unsuccessful applicants will be informed by mail.
3. An interview will be set up for only those who successfully pass the telephone screening interview.
4. An in-person interview will be conducted. The results of your interview will be corresponded to you by mail.

***Upon 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 is not guaranteed)***

Contact Information:

Name: _____

Address: _____

Phone:(Home) _____

E-mail: _____

(Cell) _____



Why are you interested in participating in this program?

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.

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

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 will 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:

Stacey Donaghy
Manager, Learning & Development
sdonaghy@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 follow the instructions below:

- 1. Please use *professional* references**
Please provide the name of your supervisor from your present or past job(s), volunteer position or academic training as your references. (Please provide a minimum of 3 references)
DO NOT use your friend, co-worker, and/or relatives. Also please do not use your lawyer and/or job counselor if you are their client.
- 2. Please provide their work place phone number, e-mail address and fax number.**
- 3. Please inform your references that they may be contacted** (reference check will be done after acceptance to the program)
- 4. Please give us only one (1) reference from each organization/company.**

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.

1. Name: _____ Position: _____
Company/Org: _____
Phone: _____ Fax: _____
Email: _____
Relationship to Candidate: _____

2. Name: _____ Position: _____
Company/Org: _____
Phone: _____ Fax: _____
Email: _____
Relationship to Candidate: _____

3. 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 how you found 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 (In which website did you see Reena's ad or link? : _____)
- Resource Centre (Name of the centre: _____)
- My friend/ family member told me → Is the person a past DDC student? (Yes/ No)
If "No", please tell us how the person discover the program: _____
- Others: _____

2. Please tell us why you chose to apply for the DDC Program over the other programs in Developmental Service field (ie. DSW – Developmental Service Worker program, SSW – Social Service Worker program)

(_____)

3. Please tell us about yourself (Please check only one that apply for each question)

Please indicate your gender Female Male

Please indicate your current age.

18~24 25~34 35~44 45~54 55~64 Over 65

Please indicate approximately how long you have lived in Canada.

0~2 (years) 3~5 6~9 Over 10 Since Birth

Please tell us which category best describes your highest academic background.

High School Graduate or equivalent College Graduate University Graduate
 Post-University Graduate Others: _____

Thank you very much for your cooperation!!