

WORKPLACE AND CULTURE HUB REGISTRATION FORM

CANDIDATE:

First Name _____

Last Name _____

Email _____

Phone Number _____

EMPLOYER:

Business/Organization _____

Address _____

Employer/Supervisor First And Last Name _____

Email _____

Phone Number _____

EMPLOYER - PLEASE ANSWER THE FOLLOWING FOUR QUESTIONS:

1. Why is your employee a good candidate?

2. Is your employee committed to attending the program?

3. What skills do you hope they gain from this course?

4. How are you going to help your employee during the program? (For example by allowing flex time, etc.)

Please send this form to info@immigrantwelcome.ca, or drop it off at our office at 200 – 1170 Shoppers Row, Campbell River. Candidates will be interviewed to evaluate their eligibility and they will be contacted to set up an appointment with the program's instructors.