

**OKANAGAN TRAINING & DEVELOPMENT COUNCIL
(OTDC)**

**101 - 1865 Dilworth Drive, Suite 339, Kelowna BC, V1Y 9T1
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For Official Use Only

File Number

1. Original
2. Amendment

1

Amendment No.

APPLICATION ATTACHMENTS QUESTIONNAIRE

↓ APPLICANT INFORMATION			
NAME:			
MAILING ADDRESS:			
CITY/TOWN:	PROVINCE: BC	POSTAL CODE:	
TEL:	CELL/MESSAGES:	FAX:	
EMAIL:			

↓ PROGRAM TYPE REQUESTED	
COURSE/SEAT PURCHASE	<input type="checkbox"/>
YOUTH/STUDENT DEVELOPMENT (Ages 29 or Less)	<input type="checkbox"/>
WORKPLACE TRAINING	<input type="checkbox"/>
JOB DEVELOPMENT (INDIVIDUAL &/or PROJECTS)	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
SPECIFY:	

↓ NAME OF TRAINING/EMPLOYMENT

↓ LOCATION OF TRAINING/EMPLOYMENT	↓ DURATION [Hours/Days/Weeks/Months]		
	START DATE:		END DATE:

1. What are the expected outcomes that will be achieved from this training/employment?

2. Explain the reason why you want to take the above-mentioned training/employment?

3. How will it fit into your future employment goals?

4. Explain what you know about the labour market related to the requested training/employment?

5. What previous work and/or training experience do you have in this employment/career field?

6. Are you prepared to relocate to wherever this type of career/work is available? YES NO Explain?

7. Add any additional information that further explains your reason for requesting this training/employment?
 [Attach separate sheet, if needed]

**The above information provided is true and correct
 I understand that this information will be used to determine the funding support I am requesting**

APPLICANT SIGNATURE	DATE SIGNED
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Questionnaire.April2015

ATTACH THE FOLLOWING SUPPORT DOCUMENTATION TO THIS QUESTIONNAIRE

- | | |
|--|--|
| <p><input type="checkbox"/> Application Form</p> <p><input type="checkbox"/> Participant Information Exchange (PIE)</p> <p><input type="checkbox"/> Course Outline with Learning Outcome</p> | <p><input type="checkbox"/> Consent for Release of Information</p> <p><input type="checkbox"/> Training Budget Section B</p> <p><input type="checkbox"/> Evidence of Support from Employer (if paid leave from work)</p> |
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