



SSCOPE



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<http://www.sscope.org>

Providing Gainful Supportive Employment and Training For Consumers of Mental Health Services
Confidential

INFORMATION PROFILE

New SSCOPE Member/Employee/Trainee

(This page to be filled out first by the potential member/employee.)

Referred by: _____ Completed By: _____

Today's Date: ____/____/____
Day Month Year

PERSONAL DATA

Name: _____ Date of Birth: _____

Address: _____ Postal: _____

Phone: _____ M.H.S.C#: _____ SIN# _____

If you do not have a phone how may we reach you? _____

(Optional) Gender: _____ Racial/Ethnic Background: _____

Do you have a valid Drivers Licence? _____ If so, what is your number? _____

Do you have access to a vehicle or bus route to get you to the job at least 15 minutes prior? _____

Time of day in which you prefer to work? 1 _____ AM (8.30 am to 12:00 pm approx)
2 _____ PM (1:00 pm to 4:30 pm approx)
3 _____ (Either AM or PM)

How soon would you prefer to be contacted before agreeing to work a job
_____ same day _____ day before _____ week before

Are there any types of work you would prefer to do?

Are there any types of work you cannot or would not do?

Do you have any special skills, abilities or training?

Do you have any specific areas you would like training or assistance in?

Please note: You will need to provide us your social insurance number and availability of a bank account for pay deposits to become an employee of SSCOPE. All new SSCOPE employee members may be asked to participate in pre-work training and assessment prior to working a shift . Current rate of pay: \$9.25/hour as of August 1/10