

Culinary Skills (Preparatory Training) Program (A110)

Thank you for your interest in the Culinary Skills (Preparatory Training) Program!



We are excited to be offering this unique program, which has been created through a partnership between George Brown College and the Centre for Addiction and Mental Health (CAMH).

Our training program is offered **free** of charge to students who have a history of **mental health and/or addiction challenges**. All tuition, supplies, uniforms and equipment are covered.

To be considered for this program, all applicants are expected to attend an information session. To register, please visit: georgebrown.ca/a110_info/

After attending an information session, please complete the application and enclose a **letter of support and resume**. Completed applications can be submitted through any of the following methods:

1) **Email to:** auged@georgebrown.ca

2) **Mail to:**

Augmented Education Program - Room 534E
George Brown College
P.O. Box 1015, Station B
Toronto, Ontario Canada
M5T 2T9

3) **Drop off in-person at:**

St. James Campus: 200 King St. E Room 534E

Please make an appointment by calling or emailing before dropping off in person.

***If you are submitting your application by mail please contact the Augmented Education Office to confirm your application was received.**

"Through this program, I learned that if I set my mind to something, I can do anything. At first, I wondered if I could make it through the program with my anxiety but while I was in it, I never missed a day of class. Before, I didn't go out except to cook and now, I am going out every day and happily working in the culinary field as a prep cook."

**Juliet Blake, Graduate
Culinary Skills (Preparatory Training) Program**

Candidates selected to proceed in the application process will be contacted to participate in the following activities:

- Academic Assessment
- Culinary Exercise
- Interview

Upon completion of the above assessments, successful candidates for program admission will receive an official notification from George Brown College.

For more information about the Culinary Skills (Preparatory Training) Program, contact:

Phone: (416) 415-5000 ext. 6790

Email: auged@georgebrown.ca

Website: georgebrown.ca/augmentededucation/



CULINARY SKILLS APPLICATION

ONTARIO COLLEGE CERTIFICATE

Have you attended a program information session?

YES / NO

If not, please register for one of our upcoming sessions at georgebrown.ca/a110_info/ before submitting this application package.

GENERAL INFORMATION

First Name:

Middle Name:

Last Name:

Date of Birth: Year:

Month:

Day:

Address: (include apt #):

City:

Province:

Postal Code:

Telephone Number:

Alternate Phone:

E-Mail Address:

Do you identify as an Indigenous individual?

YES / NO

EMERGENCY CONTACT

Name:

Phone Number:

Email Address:

Relationship:

Do you have legal status as an Ontario resident?

YES / NO

Social Insurance #:

LANGUAGES

First Language: ENGLISH / FRENCH

Other:

Do you require French Language Services?

YES / NO



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EDUCATION

What is the highest level of education you have completed? (i.e. high school, vocational training, college or university)

EMPLOYMENT HISTORY

PLEASE ATTACH A CURRENT RESUME WITH YOUR APPLICATION.

Has your disability made it difficult for you to maintain employment? Please explain.

Please note that in this program, you will be expected to lift 50 lbs to 80 lbs and will be physically active for 6 hours to 8 hours a day. Do you have any physical limitations that may affect your participation in this program? If so, please describe.

What are your expectations of employment in the food service industry?

In the workplace, what do you consider to be your greatest strengths?

In the workplace, what do you consider to be your main areas for development?



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GENERAL HEALTH & WELL BEING

This program is for individuals with a history of mental health and/or addictions. Please describe your primary diagnosis:

If you were accepted into this program, how would you support yourself financially?

Are you currently participating in an alcohol or drug recovery program?

YES / NO / NOT APPLICABLE

If so, please describe:

Please list all supportive networks currently available to you (including family members, doctors, case workers, counsellors or therapists, social workers, etc.)

PLEASE ATTACH A ONE-PAGE LETTER OF SUPPORT OR REFERENCE LETTER FROM ONE OF YOUR ABOVE LISTED SUPPORTS INDICATING WHY YOU WOULD BE A GOOD FIT FOR THIS PROGRAM.



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If your religious or ethical beliefs refrain you from consuming pork or other animal products, are you still able to work with the products in the culinary labs? YES / NO

Do you have any serious food allergies?
If so, please list YES / NO

Do you feel comfortable working in an environment that has alcohol? YES / NO

Do you have a valid driver's licence? YES / NO

Briefly state your reason(s) for applying to this program.

WE WANT YOU TO SUCCEED! Please provide any additional information that you feel will support your application for the Culinary Skills (Preparatory Training) Program.

Date

Signature of Applicant