



APPLICANT QUESTIONNAIRE

**Intervenor (for Deaf-Blind Persons) Program C108
Full time Two year Diploma Program
Fall 2009, Winter 2010**

For the purpose of further assessing your suitability to this program, please answer the following questions thoroughly. Complete in your own handwriting and return to the name and address supplied at the end of the questionnaire.

Personal Data:

Name: _____ Student #: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Alternate: _____

Email: _____

1. What are your reasons for choosing this program?

2. What makes you a good candidate for the Intervenor Program?

3. List any post-secondary courses, community service related programs, workshops or conferences that you have completed.

4. Give details of any work or volunteer experience in the community services or intervention field.

5. What do you think will be the biggest challenge upon entering college?

6. What skills, personal supports and resources do you have to help you to succeed?

Pursuant to Section 39(2) of the Freedom of Information and Protection of Privacy Act, you are hereby notified that personal information related to you is being collected for the principal purpose of administration. The legal authority for this collection is the Ministry of Colleges and Universities Act RSO 1980, C.272; RRO 1980 Reg. 640. Questions about this collection should be directed to Georgia Quartaro, Chair, Faculty of Community Services, George Brown College, P.O. Box 1015, Station B Toronto, ON M5T 2T9

Applicant signature: _____ **Date:** _____

RETURN TO :

*B.J.REID, INTERVENOR PROGRAM
GEORGE BROWN COLLEGE
P.O. BOX 1015, STATION B,
TORONTO, ON M5T 2T9*