





FREE! WORKPLACE COMMUNICATION SKILLS CLASSES

Conestoga College will be offering **free** Workplace Communication Skills Classes in **January 2016** for newcomers to Canada who possess skills and experience in the following **two** areas: (click below for info)

TECHNOLOGY (Jan. 5 – Feb. 26, Doon, Kitchener)

Engineering / Information Technology / Architecture / Environmental Technology

INTER-PROFESSIONAL HEALTHCARE (Jan. 5 – March 28, Waterloo)

Dietician / Nurse / Occupational Therapist / Physiotherapist / Social Worker

The Workplace Communication Skills Program will further develop communication skills and provide relevant English language skills to permanent residents (or protected persons) who want to gain employment in the above-mentioned fields.

ELIGIBILITY:

- Canadian Language Benchmarks between 6-8 (Technology) or 7-9 (Interprofessional Healthcare)
- Permanent Resident or Protected Person
- Professional background in Technology OR Healthcare field

REGISTRATION FORMS ATTACHED. FOR MORE INFO, PLEASE CONTACT:

Marta Blocki OSLT@conestogac.on.ca

office 519-886-3300 cell: 416-729-2806



Workplace Communications Skills for <u>Technology</u>

Application Form

Last Name	First Name	Previous Last Name		
Apt. No.	Street Address	City		
Province	Postal Code	Telephone Number	Work/Cell No	
E-mail	First Langu	uage	Date of Birth	
Country of Origin		Permanent Resident Card # (Need Copy of Permanent Resident Card – front a		
. 3		(Need Copy of Permanent F	esident Card – front a	
Diploma / Degree	<u>e in</u> :	(Need Copy of Permanent F	esident Card – front a	
<u>Diploma / Degree</u> (if applicable) Description of Pro	e in: ogram of Study:	(Need Copy of Permanent R	esident Card – front a	
Diploma / Degree (if applicable) Description of Pro Name of Institution	e in: ogram of Study: on: ion:	(Need Copy of Permanent F	esident Card – front a	
Diploma / Degree (if applicable) Description of Pro Name of Institution	e in: ogram of Study: on: ion:	(Need Copy of Permanent F	esident Card – front a	
Diploma / Degree (if applicable) Description of Pro Name of Institution Original Occupation	e in: ogram of Study: on: ion: nada:	(Need Copy of Permanent F	MA PHD Unemployed	







Workplace Communications Skills for

Inter-Professional Health

Application Form

Last Name	First Name	Previous Last Name		
Apt. No.	Street Address	City		
Province	Postal Code	Telephone Number	Work/Cell No	
E-mail	First Langu	age	Date of Birth	
Country of Origin		Permanent Resident (Need Copy of Permanen	manent Resident Card # ppy of Permanent Resident Card – front	
(if applicable)		Certificate BA		
Name of Institutio	on:			
	on:			
Original Occupation		FCI Ctudont	Unemployed	
	ada:	ESL Student		
Occupation in Can		/ear 1-3 Years 3-5 Yea		



