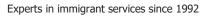


WORKPLACE AND CULTURE HUB REGISTRATION FORM

CANDIDATE:					
First Name					
Last Name					
Email					
Phone Number					
EMPLOYER:					
Business/Organization					
Address					
Employer/Supervisor First And Last Name					
Email					
Phone Number					
EMPLOYER - PLEASE ANSWER THE FOLLOWING FOUR QUESTIONS:					
Why is your employee a good candidate?					
Is your employee committed to attending the program?					
2. Is your employee committed to attending the program?					





3.	What skills do you hope they ga	ain from this course?			
4.	How are you going to help you	employee during the	e program? (For ex	ample by allowing fle	ex time, etc.)
River. C	send this form to info@immigrar Candidates will be interviewed to ogram's instructors.				