



# SSCOPE



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

## INFORMATION PROFILE (Confidential)

New SSCOPE Member/Employee/Trainee

(This page to be filled out first by the potential member/employee. Please return the completed entire document to SSCOPE in person to proceed to an interview-discussion with a SSCOPE Staff Member)

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? \_\_\_\_\_

Do You Have A Mental Health Diagnosis? \_\_\_\_\_

(Optional) Gender: \_\_\_\_\_ (Optional) 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 have the 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: \$10.25/hr as of January 1/12

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**IN CASE OF EMERGENCY**

Next of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: : \_\_\_\_\_ Relationship: \_\_\_\_\_  
Psychiatrist: \_\_\_\_\_ Mental Health Worker: \_\_\_\_\_  
Income Assistance Counselor: \_\_\_\_\_  
Proctor/Worker: \_\_\_\_\_

**B) HEALTH PROFILE**

What Mental Health Problem have you been diagnosed with? \_\_\_\_\_  
Approximately what year were you diagnosed? \_\_\_\_\_  
Do you have a secondary diagnosis? \_\_\_\_\_  
When was your most recent hospitalization or CSU admission? \_\_\_\_\_  
Where and for how long? \_\_\_\_\_  
Medications \_\_\_\_\_  
Side effects \_\_\_\_\_  
Do you have a drug or alcohol problem? \_\_\_\_\_  
If yes, how are you coping? (AA, AFM, etc) \_\_\_\_\_  
When you are getting sick do you recognize the symptoms? \_\_\_\_\_  
What do you do when this happens? \_\_\_\_\_  
Disabilities? (learning/physical) \_\_\_\_\_  
Allergies? \_\_\_\_\_  
Other Medical Conditions? \_\_\_\_\_

**C) EDUCATION**

School (last grade and year completed) \_\_\_\_\_  
Any training beyond public school? (programs, courses, year completed)  
\_\_\_\_\_  
Any plans for further education? \_\_\_\_\_  
Languages Spoken/Written: \_\_\_\_\_

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D) EMPLOYMENT HISTORY

1. Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Length employed: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_  
Duties: \_\_\_\_\_  
How did you feel about leaving this job? \_\_\_\_\_

2. Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Length employed: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_  
Duties: \_\_\_\_\_  
How did you feel about leaving this job? \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

What Rehabilitation or Training services are you currently involved with?  
\_\_\_\_\_

Why do you want to work for SSCOPE?  
\_\_\_\_\_

E) INTAKE WORKER ASSESSMENT/ SUMMARY/ RECCOMENDATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SSCOPE MEMBERSHIP AGREEMENT**

(TO BE SIGNED BY ALL NEW MEMBERS)

1. I agree to the following drug and alcohol policy:

I. I will not use alcohol or street drugs of any type before work, during work, OR on the way to or from work.

II. I will not come to work smelling of alcohol or street drugs (breath Or clothes).

I understand that this policy is necessary to uphold SSCOPE's name in the Community, and to ensure that work provided by myself as a worker is of the highest possible quality.

2. I will not take into my possession any items that belong to SSCOPE. I understand that doing so, for any reason, is considered theft.

3. I will show good behaviour towards all SSCOPE workers and SSCOPE staff. I will work positively and constructively with the entire SSCOPE team.

**I understand that if I fail to live up to any of the above expectations, it would be cause for SSCOPE to review my status as a worker, up to and including dismissal with no chance to re-apply, for a time to be determined by the Executive Director.**

Signed \_\_\_\_\_  
(new employee member)

Date \_\_\_\_\_

Witnessed \_\_\_\_\_  
(SSCOPE Human Resources)

I have received the **SSCOPE** Information about Procedures and Safety on the Job

Signed \_\_\_\_\_

Date \_\_\_\_\_

SSCOPE Staff Person \_\_\_\_\_