|  |
| --- |
| Planning & Coordinating Committee Application FormPlease send the completed application form to Yasmeen Tian, TWLIP Project Manager:**y.tian@jobstart.org** |

## Basic Information

|  |  |
| --- | --- |
| Organization |  |
| Address |  |
| Brief description of your organization |  |
| Name of applicant |  |
|  Role |  |
|  E-mail address |  |
|  Phone number |  |
| Name of individual who will represent your organization (if different from applicant) |  |
|  Role |  |
|  E-mail address |  |
|  Phone number |  |

## Organizational Profile

### Which program area(s) best describe the focus of your organization/your program?

|  |  |
| --- | --- |
| Settlement | Education & Language |
| Health | Civic Engagement |
| Employment | Other - please provide details:  |

### Which catchment area(s) or region(s) does your organization or program serve?

|  |
| --- |
|  |

### Does your organization or program provide targeted services for any of the following groups?

|  |  |
| --- | --- |
| Newcomer women | Newcomer youth |
| LGBTQ2+ newcomers | Other – please provide details: |
| Newcomer seniors | Other – please provide details:  |

## Interest in Membership

### Please tell us about your interest in becoming a member of the Toronto West LIP:

|  |
| --- |
|  |

### What do you hope to get out of your participation at the TWLIP planning table?

|  |
| --- |
|  |

### How will the TWLIP benefit from your participation at the TWLIP planning table?

|  |
| --- |
|  |

### TWLIP has four active Action Groups, please indicate which Action Groups are of interest to you and/or your organization.

|  |  |
| --- | --- |
| Service Coordination | Labour Market |
| Education | Gender-Based Violence |

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Next Steps

### Thank you for completing this application form and for your interest in the Toronto West Local Immigration Partnership (TWLIP). You will be contacted by a representative of the TWLIP