



PROJECT LINK

Application for Individual Career Counselling

ALL INFORMATION IS HELD IN STRICT CONFIDENCE

Applicant Information

Name	Date
Address (include postal code)	School/Work site
Home Telephone #	Address (include postal code)
Mobile Telephone #	School Telephone #
	Email

Background Information

Number of years OSSTF Membership	OSSTF Membership#
OSSTF District Name	OSSTF District #
	Bargaining Unit

REASON FOR REQUEST (Please supply details as to whether the member is in peril, professionally or personally, is ill or disabled, is just interested in exploring other careers or any other reason why the member is a candidate for LINK.)

Attach additional sheet if necessary

Application completed by: _____ (title): _____

I give permission to OSSTF to share information contained in this application to the career counselling service provider

Signature of applicant

Date

FAX application to:
Lisa MacMaster, Executive Assistant
Ontario Secondary School Teachers' Federation
49 Mobile Drive, Toronto, Ontario M4A 1H5
Telephone: 416-751-8300 or 1-800-267-7867
Fax: 416-751-7858