



# 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 Address (include postal code)
Home Telephone #	School Telephone #
Mobile 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.)

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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

**Email application to:**  
**Lisa Black-Meddings, Executive Assistant**  
**Ontario Secondary School Teachers' Federation**  
**49 Mobile Drive, Toronto, Ontario M4A 1H5**  
**Telephone: 416-751-8300 or 1-800-267-7867**  
**[lisa.black-meddings@osstf.ca](mailto:lisa.black-meddings@osstf.ca)**