



# TELUS Health Career Counselling 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/FEESO Membership		OSSTF/FEESO Membership#
OSSTF/FEESO District Name	OSSTF/FEESO 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.)

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Attach additional sheet if necessary

Application completed by: \_\_\_\_\_ (title): \_\_\_\_\_

I give permission to OSSTF/FEESO 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**  
**60 Mobile Drive, Toronto, Ontario M4A 2P3**  
**Telephone: 416-751-8300 or 1-800-267-7867**  
**[lisa.black-meddings@osstf.ca](mailto:lisa.black-meddings@osstf.ca)**