**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**

**P.O. Box 56, 80 Front Street, Sioux Lookout, Ontario P8T 1A1, Tel 807-737-4047, Toll-free 1-800-563-2183**

INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM

PARTICIPANT INFORMATION FORM

|  |  |
| --- | --- |
| File# |  |

CLIENT IDENTIFICATION

|  |
| --- |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name First Name Middle Name(s)/Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name (if applicable) Date of Birth (YYYY-MM-DD) Social Insurance Number (SIN) |

GENDER

|  |
| --- |
|   [ ]  Male [ ]  Female [ ]  Unspecified |

CONTACT INFORMATION

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment/Unit # (if applicable) Street Address or Box Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Town/Community Province Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number (including Area Code) Other Number for Messages Email Address |

SOURCE OF INCOME

|  |
| --- |
| [ ]  Social Assistance Recipient (Specify):[ ]  Employment Insurance Claimant Gross Weekly Rate: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Weeks Entitled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*On EI Regular Benefits in the last 3 years or on Special Benefits in the last 5 years e.g. Maternity and Parental[ ]  Reach-Back\* Client/Former Client [ ]  Non-Insured Client[ ]  Premium Paid Client [ ]  Other (Specify): |

LANGUAGES SPOKEN

|  |  |
| --- | --- |
| [ ]  English Only [ ]  French Only[ ]  English and French [ ]  Indigenous Language(s) Only | [ ]  Indigenous Language(s) and English[ ]  Indigenous Language(s) and French[ ]  Indigenous Language(s), English and French[ ]  Other (Specify): |

INDIGENOUS GROUP

|  |
| --- |
| [ ]  Registered (status) Indian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Non-status Indian Treaty # Band Name Band Province[ ]  Métis[ ]  Inuit |

DISABILITY

|  |
| --- |
|   [ ]  No [ ]  Yes (Specify):  |

MARITAL STATUS

|  |
| --- |
|   [ ]  Married or Equivalent [ ]  Single [ ]  Divorced [ ]  Widowed [ ]  Separated  |

NUMBER OF DEPENDENT CHILDREN

|  |  |
| --- | --- |
| DEPENDENT CHILDREN: [ ]  No [ ]  Yes NUMBER OF DEPENDENT CHILDREN:\_\_\_\_\_\_\_ Under 18 Years CHILDCARE NEED:(Is childcare required for this Action Plan?)[ ]  No [ ]  Yes  | CHILDCARE FUNDED: (Choose type of support, if applicable)[ ]  Not Applicable[ ]  FNICCI/IELCC [ ]  No Funding Received[ ]  EI/CRF [ ]  Assisted by Family/Self-Funded[ ]  Provincial Funding or Subsidy [ ]  Daycare Space Not Available  |

BARRIERS TO EMPLOYMENT (CHOOSE ALL THAT APPLY)

|  |  |  |
| --- | --- | --- |
| [ ]  None[ ]  Lack of Labour Force Attachment[ ]  Lack of Work Experience[ ]  Lack of Transportation | [ ]  Remoteness[ ]  Language[ ]  Education[ ]  Economic | [ ]  Dependent Care[ ]  Lack of Marketable Skills[ ]  Physical, Emotional, or Mental Health[ ]  Other Specify: |

EDUCATION LEVEL

|  |  |
| --- | --- |
| Highest level of education attained [ ]  No Formal Education [ ]  Up to Grade 7 – 8 (Secondary I = Grade 8) [ ]  Grade 9 – 10 (Secondary II – III) [ ]  Grade 11 – 12 (Secondary IV – V)[ ]  Secondary School Diploma or GED[ ]  Some Post-Secondary Training[ ]  Apprenticeship or Trades Certificate or Diploma | [ ]  College, CEGEP, or Other Non-University Certificate or Diploma[ ]  University Certificate or Diploma[ ]  University – Bachelor’s Degree[ ]  University – Master’s Degree[ ]  University – DoctorateProvince/Territory in which highest level of education was attained: |

MOST RECENT WORK EXPERIENCE

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| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Current/Former Employer Dates of Employment (From/To)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Address Name of Supervisor and/or Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title Reason for Leaving |

OTHER/VOLUNTEER WORK EXPEROENCE

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title Reason for Leaving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title Reason for Leaving |

PARTICIPANT CONSENT TO RELEASE INFORMATION

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| --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned, give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to release the information contained in this form regarding my participation in an ISETP/SPF program to ESDC/Service Canada and “Name of Agreement Holder”. I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that is may be used to determine my eligibility for the ISETP/SPF program and provided to ESDC/Service Canada for the evaluation and accountability of the ISETP/SPF program.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Signature Date  |