**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

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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

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| --- |
| 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 – Doctorate  Province/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

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| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 |