



**London District Chiefs Council
Aboriginal Skills & Employment Training Strategy**

**Chippewas of the Thames Employment & Training
Participant Information Form
Application For Financial Assistance & Training Request**

File Number (Source of Funding):

CRF# 010235166

EI # 010235174

Responsibility Centre (RC): _____

Date: _____

CLIENT IDENTIFICATION

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

GENDER

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unspecified
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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

DRIVER'S LICENSE/LOCATION

Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to a vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you living on reserve?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to relocate for training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SOURCE OF INCOME

<i>Social Assistance Recipient:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>EI Claimant:</i>		
<input type="checkbox"/> Employment Insurance Claimant	Gross Weekly Rate: \$ _____	Number of Weeks Entitled: _____
<input type="checkbox"/> Reach-Back* Client/Former Client	(*On EI Regular Benefits in the last 3 years OR on Special Benefits (Maternity, Parental, Sickness, etc.) In the last 5 years)	
<input type="checkbox"/> Non-Insured Client		
Other (Please Specify):	_____	

LANGUAGES SPOKEN

<input type="checkbox"/> Aboriginal Language(s) Only	Specify: _____
<input type="checkbox"/> English Only	
<input type="checkbox"/> French Only	
<input type="checkbox"/> Aboriginal Language(s) and English	
<input type="checkbox"/> Aboriginal Language(s) and French	
<input type="checkbox"/> English and French	
<input type="checkbox"/> Aboriginal Language(s), English and French	

ABORIGINAL GROUP

<input type="checkbox"/> Registered Indian	→ _____	_____	_____
<input type="checkbox"/> Non-status Indian	Band #	Band Name	Band Province
<input type="checkbox"/> Métis			
<input type="checkbox"/> Inuit			

DISABILITY:

<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify): _____
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MARITAL STATUS

Married or Equivalent
 Single
 Separated
 Divorced
 Widowed

NUMBER OF DEPENDANT 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
 EI/CRF
 Provincial Funding or Subsidy
 No Funding Received
 Daycare Space Not Available
 Assisted by Family/Self-Funded

BARRIERS TO EMPLOYMENT: (CHOOSE ALL THAT APPLY)

None
 Lack of Labour Force Attachment
 Lack of Work Experience
 Lack of Transportation
 Remoteness
 Language
 Education
 Economic
 Dependant Care
 Lack of Marketable Skills
 Physical or Mental Health
 Criminal Record
 Other Barrier Not Listed Above

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 – Bachelors Degree
 University – Masters Degree
 University – Doctorate

Province/Territory in which highest level of education was attained:

Year Attained: _____

Diploma or Degree Obtained: _____

TRAINING/SKILLS TO DATE (COURSES, WORKSHOPS, TRAINING SESSIONS, LICENSES AND TRADE CERTIFICATES)

MOST RECENT WORK EXPERIENCE

_____	_____
Name of Current/Former Employer	Dates of Employment (From/To)
_____	_____
Employer Address	Name of Supervisor and/or Contact #
_____	_____
Position Title	Reason for Leaving

OTHER WORK EXPERIENCE

_____	_____
Position Title	Reason for Leaving
_____	_____
Position Title	Reason for Leaving
_____	_____
Position Title	Reason for Leaving

CAREER GOALS

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TYPE OF ASSISTANCE REQUESTED (CHECK ONE OR MORE)

Counselling Training New Start Tuition Books Living Allowances Relocation (Must be 100 KM or more)

REQUEST INFORMATION: PLEASE EXPLAIN WHAT YOU ARE REQUESTING.

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LDM COMMENTS

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PARTICIPANT CONSENT TO RELEASE INFORMATION

I, _____ the undersigned, give my consent for Chippewas of the Thames Employment & Training to
(Name of client)
release the information contained in this form regarding my participation in an ASETS program to HRSDC/Service Canada and the London District Chiefs Council ASETS Department. I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that it may be used to determine my eligibility for the ASETS program and provided to HRSDC/Service Canada for the evaluation and accountability of the ASETS program.

Participant Signature

Date (YYYY-MM-DD)

FOR OFFICE USE ONLY: (FOR CASE MANAGER(S) ONLY)

CLIENT NAME: _____

SIN: _____

EMPLOYABILITY DIMENSION:

- Employability Dimension – Career Decision
- Employability Dimension – Job Search

- Employability Dimension – Skills Enhancement
- Employability Dimension – Employment Maintenance

ACTION PLAN START DATE: _____ (YYYY-MM-DD)

ACTION PLAN RESULT DATE: _____ (YYYY-MM-DD)

ACTION PLAN RESULT:

- Unemployed but Available for Work
- Employed
- Self-Employed
- Returned to School
- Unspecified – Client could not be reached
- No Longer in Labour Force

ACTION PLAN RELATED NOC: (National Occupation Code) _____ (Maximum 4 Digits)

ACTION PLAN CHILDCARE NEED: (Is childcare required for this Action Plan?)

- No
- Yes

ACTION PLAN CHILDCARE FUNDED: (Choose type of support, if applicable)

- Not Applicable
- FNICCI
- EI/CRF
- Provincial Funding or Subsidy
- No Funding Received
- Daycare Space Not Available
- Assisted by Family/Self-Funded

ACTION PLAN COST: \$ _____ (Cost of Training and Supports)

INTERVENTION TYPE

(Choose all that apply – For definitions, please see *“Interventions Defined for the Aboriginal Skills and Employment Training Strategy (ASETS)”* Guide):

“The definition of an Intervention: *An action plan activity, within a specific timeframe, developed by a client and a case-manager/counsellor intended to assist a client to improve employability in order to prepare for, obtain, and/or maintain employment.”*

- Career Research and Exploration
- Diagnostic Assessment
- Employment Counselling
- Occupational Skills Training – Apprenticeship
- Occupational Skills Training – Certificate
- Occupational Skills Training – Degree
- Occupational Skills Training – Diploma
- Occupational Skills Training – Industry Recognized
- Self-Employment
- Skills Development – Academic Upgrading
- Skills Development – Essential Skills
- Work Experience – Job Creation Partnerships
- Work Experience – Student Employment
- Work Experience – Wage Subsidy
- Employer Referral
- Job Search Preparation Strategies
- Job Starts Supports
- Employment Retention Supports
- Referral to Agencies

INTERVENTION START DATE: _____ (YYYY-MM-DD)

INTERVENION END DATE: _____ (YYYY-MM-DD)

INTERVENTION DURATION: _____ (Total Number of Days)

INTERVENTION COST: \$ _____ (Total Budgeted Costs of the Intervention)

INTERVENTION OUTCOME:

- Incomplete
- Complete
- In progress
- Failed to Report
- Cancelled
- Rescheduled

COMMENTS:

- INITIAL INPUT IN CONTACT IV
- RESULTS INPUT IN CONTACT IV

DATE: _____
DATE: _____

CASE MANAGER: _____

CLIENT SIN: ____ - ____ - ____