



London District Chiefs Council
Aboriginal Skills & Employment Training Strategy

Chippewas of the Thames Employment & Training
Participant Information Form
Application For School Credit Incentive

File Number (Source of Funding): _____

Responsibility Centre (RC): _____

Date: _____

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

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

DRIVER'S LICENSE/LOCATION

Do you have a valid driver's license? Yes No
Do you have access to a vehicle? Yes No
Are you living on reserve? Yes No
Are you willing to relocate for training? Yes No

SOURCE OF INCOME

Social Assistance Recipient: No Yes

EI Claimant:
 Employment Insurance Claimant
 Reach-Back* Client/Formal Client
 Non-Insured Client

Gross Weekly Rate: \$ _____ Number of Weeks Entitled: _____
(*On EI Regular Benefits in the last 3 years OR on Special Benefits (Maternity, Parental, Sickness, etc.) In the last 5 years)

Other (Please Specify): _____

LANGUAGES SPOKEN

Aboriginal Language(s) Only Specify: _____
 English Only
 French Only
 Aboriginal Language(s) and English
 Aboriginal Language(s) and French
 English and French
 Aboriginal Language(s), English and French

ABORIGINAL GROUP

Registered Indian → _____
 Non-status Indian Band # _____ Band Name _____ Band Province _____
 Métis
 Inuit

DISABILITY:

No Yes (Specify): _____

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
 EJ/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
 A.

How many credits do you need to get your GED or equivalent?

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

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.

LDM COMMENTS

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)