

NEW START

EMPLOYMENT & TRAINING



CLIENT CHECKLIST

FILE # _____

PARTICIPANT NAME: _____

START DATE: _____

	ITEM	DATE	STAFF INITIALS
	APPLICATION		
	COPY OF STATUS CARD		
	CONSENT FORM		
	LETTER OF INTENT TO EMPLOYMENT & TRAINING		
	HIGH SCHOOL / POST SECONDARY TRANSCRIPTS AND CERTIFICATIONS		
	PERSONAL BUDGET		
	UPDATED RESUME		
	FINANCIAL VERIFICATION (PAY STUB, OW STUB, R.O.E.)		
	LETTER FROM EMPLOYER		
	JOB DISCRIPTION		
	INTAKE ASSESSMENT		
	EMPLOYMENT ACTION PLAN (MEET WITH EMPLOYMENT COORDINATOR)		

PLEASE RETURN THIS CHECK LIST WITH YOUR COMPLETED PACKAGE.



**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

Social Assistance Recipient:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
EI Claimant:		
<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

<input type="checkbox"/> Married or Equivalent	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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NUMBER OF DEPENDANT CHILDREN

DEPENDENT CHILDREN: <input type="checkbox"/> No <input type="checkbox"/> Yes →	NUMBER OF DEPENDENT CHILDREN: ____ Under 18 Years
CHILDCARE NEED: (Is childcare required for this Action Plan?) <input type="checkbox"/> No <input type="checkbox"/> Yes	
CHILDCARE FUNDED: (Choose type of support, if applicable) <input type="checkbox"/> Not Applicable <input type="checkbox"/> FNICCI <input type="checkbox"/> EI/CRF <input type="checkbox"/> Provincial Funding or Subsidy <input type="checkbox"/> No Funding Received <input type="checkbox"/> Daycare Space Not Available <input type="checkbox"/> Assisted by Family/Self-Funded	

BARRIERS TO EMPLOYMENT: (CHOOSE ALL THAT APPLY)

<input type="checkbox"/> None <input type="checkbox"/> Lack of Labour Force Attachment <input type="checkbox"/> Lack of Work Experience <input type="checkbox"/> Lack of Transportation <input type="checkbox"/> Remoteness <input type="checkbox"/> Language <input type="checkbox"/> Education <input type="checkbox"/> Economic <input type="checkbox"/> Dependant Care <input type="checkbox"/> Lack of Marketable Skills <input type="checkbox"/> Physical or Mental Health <input type="checkbox"/> Criminal Record <input type="checkbox"/> Other Barrier Not Listed Above	Specify: _____
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EDUCATION LEVEL

<i>Highest level of education attained</i>	
<input type="checkbox"/> No Formal Education <input type="checkbox"/> Up to Grade 7 – 8 (Secondary I = Grade 8) <input type="checkbox"/> Grade 9 – 10 (Secondary II – III) <input type="checkbox"/> Grade 11 – 12 (Secondary IV – V) <input type="checkbox"/> Secondary School Diploma or GED <input type="checkbox"/> Some Post-Secondary Training <input type="checkbox"/> Apprenticeship or Trades Certificate or Diploma <input type="checkbox"/> College, CEGEP, or Other Non-University Certificate or Diploma <input type="checkbox"/> University Certificate or Diploma <input type="checkbox"/> University – Bachelors Degree <input type="checkbox"/> University – Masters Degree <input type="checkbox"/> 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

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)

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

CLIENT NAME: _____ SIN: _____

EMPLOYABILITY DIMENSION:

- Employability Dimension – Career Decision
- Employability Dimension – Skills Enhancement
- Employability Dimension – Job Search
- 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)

INTERVENTION 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: _____



Budget Worksheet and Financial Information:

Note: The following section is to be completed by all applicants who will be requesting financial assistance under the Aboriginal Skills and Employment Training Strategy Development.

Section 1-Monthly Net Income (Household)	Self	Other
Employment Income		
EI Benefits		
Income/Ontario Works		
Alimony/Child Support		
Self-Employment		
Pension Income (E.G. Employer Plan)		
Disability Income		
Workplace Safety & Insurance Board (WSIB)		
Canada Pension Plan (CPP)		
Child Tax Benefits		
Income From Rental Properties		
Severance Pay		
Any Other Sources of Income not listed above		
TOTAL:		

Section 2-Other Anticipated Sources of Funding	Amount
Student Loans	
Savings	
Scholarship/Bursary	
Investment Income	
Family/Parent/Guardian	
Any Other Sources of Income not listed above	
TOTAL:	

The purpose of section 3 of this budget worksheet is to assist you in determining if you can afford to take training at this time. Employment & Training may provide some financial assistance towards the costs listed under the Basic Living Expenses and Other Incremental Costs categories.

Section 3-Monthly Expenses	Amount
Basic Living Expenses	
• Rent/Mortgage/Room and Board	
• Food	
• Utilities	
• Telephone (Basic Line Costs)	
Other Incremental Costs:	
• Other Personal Supports and Transportation	
• Dependent Care	
• Disability Needs	
Other Costs: (These are costs that COTT Employment & Training does not contribute towards but which you need to consider when determining if you are in a financial position to attend training at this time)	
• Vehicle Lease/Loan	
• Property Taxes	
• Insurance (Car, Life, Home)	
• Credit Card Debt/Loan Payments	
• RRSP/RESP Contribution	
• Cable/Satellite/Internet	
• Alimony/Child Support	
• Recreation/Entertainment	
• Miscellaneous Costs (Please Specify)	
TOTAL:	

Participant's Signature _____

Date _____

Please be advised that any fraudulent or unreported statements will lead to automatic termination of funding and will effect future applications. Any changes to your financial situation must be reported right away.



CLIENT CONSENT TO RELEASE OF INFORMATION

I _____, the undersigned hereby consent to the release of personal information to be collected by Chippewa of the Thames First Nation Employment & Training under the Aboriginal Human Resource Development Strategy for administrative purpose's related to my participation in the above-noted intervention.

I acknowledge that the information collected and administered is in accordance with the Personal Information and Electronic Documents Act and applicable privacy laws; and it may be used to determine my eligibility in any services provided by Employment & Training and provided to Service Canada and other third parties as necessary: to include my participation for, monitoring, review, audit, statistical purpose and compliance with funding arrangements.

I understand that when my personal information is provided to Service Canada or any other Federal or Provincial Department, the information is protected under Canada's Privacy Act and that I have a right under the Privacy Act to obtain access to that information from Canada.

Dated this _____ Day of _____, 20_____, in the presence of;

CLIENT NAME (PRINT)

CLIENT SIGNATURE

WITNESS (PRINT)

WITNESS (OTHER THEN LDM)

COTTEN LDM



**CHIPPEWAS OF THE THAMES FIRST NATION
EMPLOYMENT & TRAINING PROGRAM
INTAKE ASSESSMENT**

Participant's Full Name:					
What is your career choice?					
Please list skills, knowledge, and traits you possess that help you maintain employment.					
What skills do you <u>need</u> to maintain employment?					
<input type="checkbox"/> OSSD		<input type="checkbox"/> Post-secondary education			
<input type="checkbox"/> Time Management		<input type="checkbox"/> Driver's Licence			
<input type="checkbox"/> CPR & First Aid		<input type="checkbox"/> WHIMIS			
<input type="checkbox"/> Addition Training course; Other please specify:					
Select any essential skills below that may prevent you from employment:					
<input type="checkbox"/> Reading		<input type="checkbox"/> Thinking (Problem Solving)			
<input type="checkbox"/> Writing		<input type="checkbox"/> Document use			
<input type="checkbox"/> Computers		<input type="checkbox"/> Continuous learning			
<input type="checkbox"/> Oral communication		<input type="checkbox"/> Working with others			
<input type="checkbox"/> Numeracy					
Which goals apply to you:					
<input type="checkbox"/> High school diploma		<input type="checkbox"/> Trade certificate			
<input type="checkbox"/> Full-time employment		<input type="checkbox"/> Part-time employment			
<input type="checkbox"/> Higher pay		<input type="checkbox"/> Better job			
<input type="checkbox"/> Other, please specify					
The following questions are interested in your thoughts about work. Please answer each question by selecting a number that best describes your beliefs about work.					
		Strongly Disagree		Strongly Agree	
1.	I have a plan for getting or maintaining a good job or career.	1	2	3	4 5
2.	I don't believe I will be able to find a job that I enjoy.	1	2	3	4 5
3.	There are many ways to succeed at work.	1	2	3	4 5
4.	I expect to do what I really want at work.	1	2	3	4 5
5.	I doubt my ability to succeed at the things that are most important to me.	1	2	3	4 5
6.	I can identify many ways to find a job that I would enjoy.	1	2	3	4 5
7.	When I look into the future, I have a clear picture of what my work life will be like.	1	2	3	4 5
8.	I am confident that things will work out for me in the future.	1	2	3	4 5
9.	It is difficult to figure out how to find a good job.	1	2	3	4 5
10.	My desire to stay in the community in which I live (or hope to live) makes it difficult for me to find work that I would enjoy.	1	2	3	4 5
11.	I have the skills and attitude needed to find and keep a meaningful job.	1	2	3	4 5
12.	I do not have the ability to go about getting what I want out of work life.	1	2	3	4 5
13.	I do not expect to find work that is personally satisfying.	1	2	3	4 5

14. I can do what it takes to get the specific work I choose.	1	2	3	4	5
15. My education did or will prepare me to get a good job.	1	2	3	4	5
16. I believe that I am capable of meeting the work-related goals I have set for myself.	1	2	3	4	5
17. I am capable of getting the training I need to do the job I want.	1	2	3	4	5
18. I doubt I will be successful at finding (or keeping) a meaningful job.	1	2	3	4	5
19. I know how to prepare for the kind of work I want to do.	1	2	3	4	5
20. I have goals related to work that are meaningful to me.	1	2	3	4	5
21. I am uncertain about my ability to reach my life goals.	1	2	3	4	5
22. I have a clear understanding of what it takes to be successful at work.	1	2	3	4	5
23. I have a difficult time identifying my own goals for the next five years.	1	2	3	4	5
24. I think I will end up doing what I really want to do at work.	1	2	3	4	5

Have you ever been employed?

Yes No

If you answered yes to question 9, what is the longest amount of time (in months) that you have spent at one job? (If you are still employed in this position, how long have you spent in your current job?)

Are you currently employed?

Yes No

If you are currently employed, approximately how many hours do you work per week?

How many jobs have you held since age 18?

What are your short term goals? (2 to 3 years)

What do you need to reach your short term goals?

What are your long term goals? (5 to 10 years)

What do you need to reach your long term goals?

Additional comments:

Participant's signature

Date