



**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
_____	_____
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 Gross Weekly Rate: \$ _____ Number of Weeks Entitled: _____
 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)
 Non-Insured Client

 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

<input type="checkbox"/> Married or Equivalent	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
--	---------------------------------	------------------------------------	-----------------------------------	----------------------------------

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"/> FNCCI <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: _____
---	----------------

EDUCATION LEVEL

<i>Highest level of education attained.</i>	Province/Territory in which highest level of education was attained: _____
<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	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

<hr/> <hr/> <hr/>

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.

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

LDM COMMENTS

<hr/> <hr/> <hr/> <hr/> <hr/>

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)

CASE MANAGER: _____

CLIENT SIN: _____