North Vancouver Island
Aboriginal Training Society

Participant Information Form

OFFICE USE ONLY

File Number (Source of funding)

FILE / PROJECT NUMBER

CRF #

EI #

PROJECT NAME

Client Identification

SOCIAL INSURANCE NUMBER (SIN)

DATE OF BIRTH (YYYY-MM-DD)

LAST NAME

FIRST NAME

MIDDLE NAME(S) / INITIALS

Gender

☐ Male ☐ Female ☐ Unspecified

Contact Information

APARTMENT / UNIT # (IF APPLICABLE)

STREET ADDRESS OR BOX NUMBER

CITY / TOWN / COMMUNITY

PROVINCE

POSTAL CODE

TELEPHONE NUMBER (WITH AREA CODE)

OTHER NUMBER FOR MESSAGES

EMAIL ADDRESS

Funding Source

Have you applied for funding from another source? ☐ No ☐ Yes

BAND

WORKBC

ISETS

OTHER

IF YES, HAVE YOU BEEN APPROVED FOR FUNDING?

AMOUNT OF FUNDING APPROVED

OTHER

CASE MANAGER

CLIENT SIN

North Vancouver Island
Aboriginal Training Society

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Source of Income (Please check type of income benefit)

ARE YOU EMPLOYED?

EMPLOYER NAME

POSITION

OTHER: ☐ Full-time ☐ Part-time ☐ Seasonal ☐ Contract

ARE YOU A STUDENT?

SCHOOL NAME

Are you recieving any of the following benefits?

☐ Social Assistance (Province of BC)
☐ Social Assistance (Band on Reserve)
☐ Disability Benefits (Province of BC)
☐ Disability Benefits (Band on Reserve)
☐ Other (please specify): _____

ARE YOU ON AN ACTIVE EMPLOYMENT INSURANCE CLAIM?

Languages Spoken

PREFERRED LANGUAGE (ENGLISH, FRENCH, OTHER)

Aboriginal Group

☐ Registered (status) Indian ☐ Non-status Indian ☐ Métis ☐ Inuit

TREATY #

BAND NAME

BAND PROVINCE

☐ On Reserve ☐ Off Reserve

Disability

☐ No ☐ Yes (specify) _____

Childcare Need Is childcare required for this action plan?

☐ No ☐ Yes

Marital Status

☐ Married or Equivalent ☐ Single ☐ Divorced ☐ Widowed ☐ Separated

Number of Dependant Children

DEPENDANT CHILDREN: ☐ No ☐ Yes NUMBER OF DEPENDANT CHILDREN (UNDER 18 YEARS): _____

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What may be getting in the way of you finding work? Choose all that apply

- [ ] None
- [ ] Remoteness
- [ ] Economic
- [ ] Lack of Labour Force Attachment
- [ ] Physical, Emotional or Mental Health
- [ ] Depandant Care
- [ ] Lack of Work Experience
- [ ] Language
- [ ] Lack of Marketable Skills
- [ ] Lack of Transportation
- [ ] Education
- [ ] Other Barrier Not Listed Above (please specify): _____

DO YOU HAVE A DRIVERS LICENCE? [ ] No [ ] Yes **CLASS OF LICENCE (IF APPLICABLE):** _____

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 / Diploma
- [ ] College, CEGEP, or other Non-University Certificate / 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

What training program are you interested in and/or what funding are you requesting from NVIATS?

Participant Consent to Release Information

I, _____ (Name of Applicant)

the undersigned, give my consent to North Vancouver Island Aboriginal Training Society to release the information contained in this form regarding my participation in an ISETS program to Service Canada. 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 ISETS program and provided to Service Canada for the evaluation and accountability of the ISETS program.

I acknowledge that if I receive funding through the Walk in Client Program, due to budget limitations any future request for funding would not be considered a priority to NVIATS.

I agree to allow NVIATS to monitor my employment progress for a period of six months after completing my training program.

APPLICANT SIGNATURE _____ **TODAY'S DATE (YYYY-MM-DD)** _____

CASE MANAGER

CLIENT SIN