

# Participant Information Form

Service  
Canada

CASE MANAGER: \_\_\_\_\_ CLIENT SIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## OFFICE USE ONLY

File No.	Source of Funding
CRF# 010249928 <input type="checkbox"/>	File/Project No.
El # 010249936 <input type="checkbox"/>	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 (including Area Code) \_\_\_\_\_ Other Number for Messages \_\_\_\_\_ Email Address \_\_\_\_\_

## SOURCE OF INCOME (PLEASE CHECK TYPE OF INCOME BENEFIT)

YES NO

Are you Employed? (please select one)   Employer Name: \_\_\_\_\_

**FULL TIME** **PART TIME** **SEASONAL** **CONTRACT** **OTHER:** \_\_\_\_\_  
Type of Employment (please select one or explain)

YES NO

Are you a Student? (please select one)   School Name: \_\_\_\_\_

Are you receiving any of the following benefits?

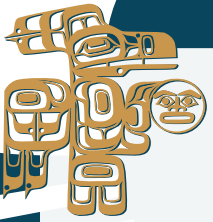
- Social Assistance (Province of BC)
- Social Assistance (Band on Reserve)
- Disability Benefits (Province of BC)
- Disability Benefits (Band on Reserve)
- Other (please specify): \_\_\_\_\_

Are you on an Active Employment Insurance Claim? \_\_\_\_\_

Will you be applying for Employment Insurance while you are attending training or in school? \_\_\_\_\_

NORTH VANCOUVER ISLAND  
**ABORIGINAL**  
TRAINING SOCIETY

NVIATS.COM



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## LANGUAGES SPOKEN

Preferred Language \_\_\_\_\_

## ABORIGINAL GROUP

ON  OFF RESERVE (please select one)

Registered (status) Indian:

Non-status

Métis

Inuit

Treaty # \_\_\_\_\_ Band Name \_\_\_\_\_ Band Province \_\_\_\_\_

## DISABILITY

NO  YES (if yes, please specify): \_\_\_\_\_

## MARITAL STATUS

Married / Equivalent

Single

Divorced

Widowed

Separated

## NUMBER OF DEPENDANT CHILDREN

Do you have child(ren)?  NO  YES

If yes, how many are under 18 years? \_\_\_\_\_

## CHILDCARE NEED

Is childcare required for this Action Plan?  NO  YES

## WHAT MAY BE GETTING IN THE WAY OF YOU FINDING WORK? (CHOOSE ALL THAT APPLY)

None

Lack of Labour Force Attachment

Lack of Transportation

Remoteness

Economic

Lack of Marketable Skills

Other Barrier Not Listed Above, Please Specify: \_\_\_\_\_

Lack of Work Experience

Language

Education

Dependant Care

Physical, Emotional or Mental Health

Do you have a valid Drivers License? Class: \_\_\_\_\_

## 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

Province/Territory in which highest level of education was attained

College, CEGEP, or Other Non-University Certificate or Diploma

University Certificate or Diploma

University - Bachelors Degree

University - Masters Degree

University - Doctorate

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## NVIATS LABOUR POOL

Do you want your name placed in NVIATS Labour Pool? **YES** **NO**  
If you answered YES, do you have a RESUME? **YES** **NO**

## WHAT CERTIFICATES DO YOU HAVE? (CHECK ALL THAT APPLY)

- Food Safe Level 1
- First Aid: *What Level of First Aid do you have?* \_\_\_\_\_
- WHMIS
- Serving it Right
- Customer Service
- Others Not Listed Above: \_\_\_\_\_
- Trades Foundation Training: *What Foundation program(s) have you completed?* \_\_\_\_\_
- What Level have you obtained in your Trade? *ie: Year 1, 2, 3 or Journeyman* \_\_\_\_\_
- Do you have a valid Drivers License? Class: \_\_\_\_\_
- Other Training, Diploma's, Degree's or Certificates: \_\_\_\_\_

I agree to allow NVIATS to share my Resume with Employers looking for Employees through NVIATS Labour Pool. My Resume will never be shared with an Employer until I have been contacted and have given verbal or written consent to NVIATS to provide my Resume to the Employer.

By Initialing here you are agreeing to the above: \_\_\_\_\_

## WHAT TRAINING PROGRAM ARE YOU INTERESTED IN AND/OR WHAT FUNDING ARE YOU REQUESTING?

## 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)

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