



YOUTH EMPLOYMENT SKILLS (YES) Participant Information Form

Service
Canada

CASE MANAGER: _____ CLIENT SIN: _____ - _____ - _____

OFFICE USE ONLY

File No.

Source of Funding

CRF# 010249928

File/Project No.

EI # 010249936

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

Gender Neutral

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)

Social Assistance Recipient (Provincial OR First Nation)

YES NO

EI Claimant:

Employment Insurance Claimant

Reach-Back* Client/Former Client

Non-Insured Client

Other (please specify): _____

LANGUAGES SPOKEN

English Only

French Only

English and French

Aboriginal Language(s) Only

Aboriginal Language(s) & English

Aboriginal Language(s) & French

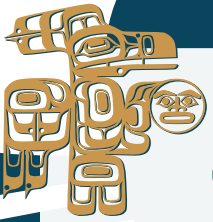
Aboriginal Language(s), English and French

None of the Above

Specify: _____

NORTH VANCOUVER ISLAND
ABORIGINAL
TRAINING SOCIETY

NVIATS.COM



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CASE MANAGER: _____ CLIENT SIN: _____ - _____ - _____

ABORIGINAL GROUP

ON OFF RESERVE

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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YES Participant Information Form



CASE MANAGER: _____ CLIENT SIN: _____ - _____ - _____

PARENTAL CONSENT DECLARATION REQUIRED IF UNDER 18 YEARS OF AGE

I, _____, the parent or legal guardian of _____, give my consent for my child (Named Above) to participate in NVIATS Youth Employment Skills Program (YES). By consenting I understand that North Vancouver Island Aboriginal Training Society will release the information contained in this form regarding my child's participation in an ASETS/SPF program to HRSDC/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 ASETS/SPF program and provided to HRSDC/Service Canada for the evaluation and accountability of the ASETS/SPF program.

I, consent to allow _____, to complete the following training programs with NVIATS:

- (PARENT/GUARDIAN INITIALS) ALL/ANY training listed below
- (PARENT/GUARDIAN INITIALS) Food Safe Level I
- (PARENT/GUARDIAN INITIALS) Driver's Theory Level "L"
- (PARENT/GUARDIAN INITIALS) Customer Service
- (PARENT/GUARDIAN INITIALS) Social Media "Do's & Don'ts"
- (PARENT/GUARDIAN INITIALS) Resume Writing Workshop
- (PARENT/GUARDIAN INITIALS) Interviewing Skills Workshop
- (PARENT/GUARDIAN INITIALS) True Colours
- (PARENT/GUARDIAN INITIALS) Serving It Right (Over 16 only)
- (PARENT/GUARDIAN INITIALS) Workplace Hazardous Materials Information Systems (WHMIS)

(SIGNATURE OF PARENT OR LEGAL GUARDIAN)

DATE (YYYY-MM-DD)

PARTICIPANT CONSENT TO RELEASE INFORMATION

I, _____, 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 ASETS/SPF program to HRSDC/Service Canada and "Name of Agreement Holder". 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/SPF program and provided to HRSDC/Service Canada for the evaluation and accountability of the ASETS/SPF 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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