



Client Registration Form

CLIENT IDENTIFICATION

_____	_____	_____
Last Name	First Name	Middle Name(s)/Initials
_____	_____	_____
Maiden Name (if applicable)	Date of Birth (YYYY-MM-DD)	Social Insurance Number (SIN)

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

Social Assistance Recipient (Provincial OR First Nation): 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 and Parental) in the last 5 years)
 Non-Insured Client

Other (please specify: retired, disability, none): _____

LANGUAGES SPOKEN

English Only
 French Only
 English and French
 Specify: _____
 Aboriginal Language(s) Only

Aboriginal Language(s) and English
 Aboriginal Language(s) and French
 Aboriginal Language(s), English and French
 None of the Above

ABORIGINAL GROUP

Registered (status) Indian → _____
 Non-status Indian Treaty # _____ Band Name _____ Band Province _____
 Métis
 Inuit
 On Reserve Off Reserve

DISABILITY:

No Yes (Specify): _____

MARITAL STATUS

Married or Equivalent
 Single
 Divorced
 Widowed
 Separated

NUMBER OF DEPENDANT CHILDREN

DEPENDENT CHILDREN:
 No
 Yes → _____

NUMBER OF DEPENDENT CHILDREN:
 _____ Under 18 Years

CHILDCARE NEED: (Is childcare required for this Action Plan?)
 No
 Yes

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

BARRIERS TO EMPLOYMENT: (CHOOSE ALL THAT APPLY)

None
 Lack of Labour Force Attachment
 Lack of Work Experience
 Lack of Transportation
 Remoteness
 Language
 Education

Economic
 Dependant Care
 Lack of Marketable Skills
 Physical, Emotional or Mental Health
 Other Barrier Not Listed Above

Specify: _____

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
 College, CEGEP, or Other Non-University Certificate or Diploma
 University Certificate or Diploma
 University – Bachelors Degree
 University – Masters Degree
 University – Doctorate

Province/Territory in which highest level of education was attained: _____

Name of Program: _____

Licenses/Trade Certificates (circle all that apply)

A / AZ B C D E F G G1 G2

MOST RECENT WORK EXPERIENCE

_____	_____
Name of Current/Fomer Employer	Dates of Employment (From/To)
_____	_____
Employer Address	Name of Supervisor and/or Contact #
_____	_____
Job Title	Reason for Leaving

OTHER WORK EXPERIENCE (See Link - <http://www5.hrsdc.gc.ca/NOC/English/NOC/2011/OccupationIndex.aspx> for more information)

Management
 Business, finance and administration
 Natural and applied sciences and related
 Health
 Education, law and social, community and government services
 Art, culture, recreation, or sport
 Sales and service
 Trades, transport, and equipment operators and related
 Natural resources, agriculture, and related production
 Manufacturing and Utilities

_____	_____
Job Title	Reason for Leaving
_____	_____
Job Title	Reason for Leaving
_____	_____
Job Title	Reason for Leaving

PARTICIPANT CONSENT TO RELEASE INFORMATION

I, _____ the undersigned, give my consent for _____ to _____ 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.

Participant Signature Date (YYYY-MM-DD)

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

CLIENT NAME: _____ SIN: _____

File Number (Source of Funding):

Responsibility Centre (RC): _____

CRF# _____

EI # _____

AETS File Number:

Source of funds:

Youth:

Duration in days:

Intervention N.O.C.:

First Nation Allocation:

HRDC File #

Intervention Code:

Intervention N.O.C.:

C/P:

Option:

Age:

Prior N.O.C.:

Duration in days:

Project Officer or Employment Councilor

EMPLOYABILITY DIMENSION:

- Employability Dimension – Career Decision-Making
 Employability Dimension – Job Search

- Employability Dimension – Skills Enhancement
 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 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
 Employment Counselling
 Occupational Skills Training – Certificate
 Occupational Skills Training – Diploma
 Self-Employment
 Skills Development – Essential Skills
 Work Experience – Student Employment
 Employer Referral
 Job Starts Supports
 Referral to Agencies
- Diagnostic Assessment
 Occupational Skills Training – Apprenticeship
 Occupational Skills Training – Degree
 Occupational Skills Training – Industry Recognized
 Skills Development – Academic Upgrading
 Work Experience – Job Creation Partnerships
 Work Experience – Wage Subsidy
 Job Search Preparation Strategies
 Employment Retention Supports

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 RELATED NOC: _____ (National Occupation Code – Maximum 4 Digits)

INTERVENTION RESULT:

- In progress Completed Incomplete Cancelled Failed to Report Rescheduled

COMMENTS:

- INITIAL INPUT IN CONTACT IV
 RESULTS INPUT IN CONTACT IV

DATE: _____
DATE: _____

CASE MANAGER: _____

CLIENT SIN: _____

Pre-Apprenticeship Training Program Application Form



Are you interested in a career in the Construction Craft trade? If you answered yes to this question please complete the following application form and submit it to the Project Coordinator for review.

Please note that all the information collected in this application form will be kept confidential.

Full Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Do you self-identify as an Aboriginal person? Yes__ No__

Which of our nine participating communities are you a member of? _____

Marital Status? _____

Number of Dependents? _____

What is your current source of income? _____

What is your highest level of education level? _____

Do you have a driver's license? Yes__ No__

Can you stand for long periods of time, carry and lift heavy material? Yes__ No__

Can you look at plans or blueprints and visualize how things come together? Yes__ No__

Do you enjoy working with machinery and different kinds of tools? Yes__ No__

Do you like to solve problems and suggest ways of fixing them? Yes__ No__

Do you enjoy being physically active in an outdoor environment? Yes__ No__

Can you work at heights or in confined spaces? Yes__ No__

Your success in this program is very important to us and for that reason it is important that you respond honestly about any challenges that you may have in any of the following areas so that we may help to support you in the completion of the program.

If you are selected to participate in this program, do you have **any concerns** about:

Housing: Do you have suitable and stable accommodations? Yes___ No___

If you answered yes, how long have you lived at your current address _____

Funding: You will **not** receive a training allowance while in training. Do you have any concerns in this area? Yes___ No___
For example: living expenses / child care expenses

Health Issues: Do you require additional supports because of health related issues? Yes___ No___

If you answered yes, please describe. _____

Learning/Language: Do you have any challenges that may require additional support? Yes___ No___

If you answered yes, please describe. _____

Training Location: Do you have any concerns regarding transportation to the training site, accessibility, or building facilities? Yes___ No___

If you answered yes, please describe. _____

Personal Supports: Do you have any concerns such as lack of support at home, challenges in the community, etc? Yes___ No___

If you answered yes, please describe. _____

Any other Concerns? Please Specify: _____



Thank you for your interest in this program.



Anishinabek Employment and Training Services

HEAD OFFICE:
Ojibways of the Pic River First Nation
PO Box 193
Heron Bay, ON
P0T 1R0



BRANCH OFFICE
277 Park Ave
Thunder Bay, ON P7B 1C4
Phone: (807) 346-0307
Fax: (807) 346-0310
Email: aets@aets.org

CONSENT TO THE RELEASE OF INFORMATION

I, _____ consent to the release of information
Between any representative of the Anishinabek Employment and Training Services Local Delivery
Mechanism and representatives of the following agencies, with respect to my educational, training
Or employment-related activities:

1. Human Resources Development Canada
2. Union of Ontario Indians
3. Training Institution: _____
4. Social Services: _____
5. Other: _____
6. Other: _____

As sponsoring agent, we require any information in regards to course duration, attendance, academic performance, or any other information required by the Anishinabek Employment and Training Services. Any exchange of information will be held confidential between all parties noted above.

Dated, this _____ day of _____ 20 _____

SIGNATURE

WITNESS

Anishinabek Employment and Training Services

S.I.N: _____

REQUEST FOR DISCLOSURE OF EI PROGRAM ELIGIBILITY

I, _____ do hereby consent to the disclosure of
(Name of individual)

and/or use of personal information dealing with current & dormant Employment Insurance

Claims only for the purpose of establishing eligibility for EI Supports and Measures.

For which purpose my personal information has been requested by and may be disclosed to:

Anishinabek Employment & Training Services, 277 Park Avenue, Thunder Bay, Ontario P7B 1C4

(Identity & Address of the Body or Person Authorized to Receive and/or use this information)

THIS SECTION COMPLETED BY HRDC ONLY:

- a) Current BPC c/w _____ Start Date: _____
Anticipated Expiry Date: _____ Benefit Rate: \$ _____ /Week
Date of First Week Benefits are Payable _____
Or
- b) Dormant BPC c/w _____ Date of Last Week Benefits Paid _____
(Reachback Client's who have Qualified for EI in Past 3 Years)
or
- c) Dormant Maternity/Paternal /Sick PBC c/w _____ Start Date: _____
(Reachback for Special Benefits Recipients Commencing Within the Past 5 Years)

Comments, if any: _____

SIGNATURE of Individual Giving Consent

Date

Address

Telephone Number

Verified by: _____ Date: _____

Anishinabek Employment and Training Services

HEAD OFFICE:
Ojibways of the Pic River First Nation
General Delivery
Heron Bay, Ontario
P0T 1R0



BRANCH OFFICE:
277 Park Ave.
Thunder Bay, Ontario P7B 1C4
Phone: (807) 346-0307
Fax: (807) 346-0310
Email: acts@acts.org

Photograph Release Form

I the undersigned hereby grant to Anishinabek Employment and Training Services, the right to photograph me and to record my voice, performances, actions and appearances and to use my picture, photograph, silhouette and other reproductions of my physical likeness for use in annual and monthly reports, AETS web site and/or AETS advertising/promotion of program and services.

I agree that I will not assert or maintain against Anishinabek Employment and Training Services, any claim, action, suit or demand of any kind whatsoever, including but not limited to those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any reason in connections with your authorized use of my physical likeness and sound.

I hereby certify that I am 18 years of age or over and have read the forgoing and fully understand the meaning and effect therefore.

PRINT NAME: _____ SIGNATURE: _____

ADDRESS: _____

DATED THIS _____ DAY OF _____ 20____

WITNESSED BY: (PRINT) _____ SIGNATURE: _____

Notice of Collection of Personal Information and Consent (Ministry of Training, Colleges and Universities)

The Ministry of Training, Colleges and Universities (the Ministry) provides a financial contribution to your training organization to offer a Pre-Apprenticeship Training Program (the Program). The goal of the Program is to increase apprenticeship registrations to ensure that Ontario has the skilled labour necessary to support growth and attract investment.

The Program is partly funded by Canada under the Labour Market Agreement (LMA) between Canada and Ontario. Under the LMA, the Ministry is required to report to Canada about the results of the Program and to evaluate and review the Program.

Under the financial contribution agreement with the Ministry, your training organization is required to provide de-personalized information about the ages and other characteristics of the participants, including their educational, training and employment status during and after the end of the Program.

Your training organization is also required to give the Ministry and its contractors or auditors access to all of its records if necessary to review, inspect, investigate, monitor and audit the performance of its obligations under its agreement with the Ministry. To do this, the Ministry may need to have access to the personal information you have provided to your training organization.

In addition, the Ministry or its contractors may want to contact you to ask your opinion of the Program, either individually or as part of a group, and to request your voluntary participation in public relations campaigns related to the Program. The Ministry would need to obtain your contact information from your training organization for these purposes.

By signing below, you give consent to the Ministry to collect your personal information from your training organization and use it for the above purposes.

Your personal information is collected under the Ontario College of Trades and Apprenticeship Act, 2009, S.O. 2009, c. 22, Sched. A, as amended and the LMA.

If you have questions about the collection, use and disclosure of this information, contact the Manager, Employment Ontario Contact Centre, Ministry of Training, Colleges and Universities, 33 Bloor Street, 2nd Floor, Toronto, Ontario M7A 2S3, 1-800-387-5656, Toronto 416-326-5656 TTY 1-866-533-6339.

Signature _____

Date _____
Day Month Year

For participants under 18 years of age, the parent or guardian must also sign

Signature _____

Date _____
Day Month Year

Print Name _____