



This Package Includes:

- ✓ Client Registration Form
- ✓ Pre-Apprenticeship Training Program Application Form
- ✓ Consent to the Release of Information
- ✓ Request for Disclosure or EI Program Eligibility
- ✓ Photograph Release Form
- ✓ Notice of Collection of Personal Information and Consent (Ministry of Training, Colleges and Universities)

In addition to this package, please include the following with your Application:

- Cover Letter and Resume
- Proof of Birth
- Copy of High school Transcript or Diploma

If you have any questions regarding the program please feel free to contact Nancy Doblej, Project Coordinator at (807) 346-0307.

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: _____

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: _____

Pre-Apprenticeship Training Program Application Form



Are you interested in a career in the Carpentry 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 Dependants? ____

What is your current source of income? _____

What is your highest level of education? _____

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
 277 Park Ave
 Thunder Bay, Ontario
 P7B 1C4

CLIENT INFORMATION

PROTECTED WHEN COMPLETED

OFFICIAL USE
FILE NUMBER:
FIRST NATION ALLOCATION:
INTERVENTION:

Social Insurance Number			SOURCE OF FUNDS:	
Last Name		Maiden Name (if applicable)		
First Name				
Address				
City / Town		Province		Postal Code
Home phone:		Cell Phone:		
Email Address				
Date of Birth (dd/mm/yr)		Sex		<input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Female
Aboriginal Group: <input type="checkbox"/> Registered <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit				AGE:
Name of Band		Do you live on reserve?		
Band #		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you consider yourself to be a person with a disability? Please Specify: _____			YOUTH:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married or Equivalent <input type="checkbox"/> Widowed			Intervention Code:	
Number of children (living with you)				
Language(s) Spoken: <input type="checkbox"/> English <input type="checkbox"/> Ojibway <input type="checkbox"/> French <input type="checkbox"/> Other, (Please specify) _____			PRIOR NOCS:	
Education: (Choose all that apply) <input type="checkbox"/> No formal education <input type="checkbox"/> Up to Grade 7-8 <input type="checkbox"/> Grade 9-10 <input type="checkbox"/> Grade 11 or 12 incomplete <input type="checkbox"/> Secondary School Diploma/GED <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> Apprenticeship/trades certificate or diploma <input type="checkbox"/> College, CEGEP, or other non-university certificate or diploma <input type="checkbox"/> Univeristiy Certificate or diploma <input type="checkbox"/> Univesity - Bachelor Degree <input type="checkbox"/> University - Masters Degree <input type="checkbox"/> Univesity - Doctorate			Duration in Days:	
TRADES (including Heavy Equipment)				
Trade	Level/Red Seal	Specialization		Years Experience
1				
2				
3				
CERTIICATES (ie First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)			Intervention NOC:	
Certification	Level	Registrar		Expiry Date
1				
2				
3				
4				
LICENCES			C/P:	
Class	Number	Province		Expiry Date
Do you have reliable transporation? <input type="checkbox"/> YES <input type="checkbox"/> NO				

TRADITIONAL/CULTURAL SKILLS: (ie. Trapping, hunting, fishing, beading, painting, carving, woodworking, drumming, dancing, elder, ceremonial, story telling, writing)

EMPLOYMENT HISTORY Starting from most recent work experience, please list employment history:

Employer	Job Title	Dates	Reason for leaving
1			
2			
3			
4			

Are you ready, willing and available for work/training? Yes No

If yes, what type of employment?

Full Time Part time Seasonal Self-employment

Are you willing to relocate? Yes No

Working shiftwork? Yes No

Hourly Wage Expectation? min wage min wage - \$20 Over \$20

Clean Criminal Record? Yes No Not sure

Valid Passport? Yes, Expiry Date _____ No

Volunteer Work: (include Board or Councils)

Computer/Technology Skills:

Microsoft Word Microsoft Excel Powerpoint Email/Internet Search
 Office Phone Systems GIS

Other: _____

Physical Capabilities:

Sitting Standing Lift over 50 lbs walking outdoor work

Is childcare needed? Yes No

Is childcare funded

Not applicable; FNICCI;
 Provincial funding or subsidy; No funding received;
 Daycare space not available; Assisted by family/self-funded

Source of income:

Employment Status

Employed Underemployed (less than 20 hrs/wk) Unemployed Self-Employed

Ontario Works Recipient Receipt: Yes No

Employment Insurance (EI) Benefits

EI Claimant > Gross Weekly Rate _____ Number of weeks entitles _____
 Reach-Back Client (on EI in the last 3 years or on Special Benefits in the last 5 years)
 None Other _____

Barriers to Employment - Check all that apply

None Lack of Labour Force Attachment
 Remoteness Lack of Work Experience
 Language Lack of Transportation
 Education Lack of Marketable Skills
 Economic Physical Emotional or Mental Health
 Dependent Care Other (specify): _____

COMPLETE IF ON AN AETS FUNDED INTERVENTION

Start Date: _____ End Date: _____

What is the title of the skill or occupation for which you are being trained?

Resp Staff:
 PO EC PC

Under the Privacy Act the personal information collected on this form may be accessed by the participant. The information is kept on file at the AETS office.

Signature of Participant:

Date