AETS
Anishinabek Employment and Training Services

HEAD OFFICE:
Biigtigong Nishnaabeg
73 Pic River Road
P.O. Box 193
Pic River, ON
P0T 1R0

BRANCH OFFICE:
(Mailing Address)
285 Red River Road
Lower Level
Thunder Bay, ON
P7B 1A9

Tel: (807) 346-0307
Fax: (807) 346-0310
Email: aets@aets.org

General Carpentry 403A Level 1 Pre-Apprenticeship Training Program Application Checklist

Application Deadlines:
April 25 2022

File #_____

Your complete application **must** include:

- ☐ AETS Client Information Form
- ☐ Pre-Apprentice Training Program Application
- ☐ Consent to the Release of Information
- ☐ Request for Disclosure of EI Eligibility
- ☐ Cover Letter and Resume
- ☐ High school diploma and or high school transcript verifying grade 10 math
- ☐ Status card (photocopy)

For more information about Anishinabek Employment and Training Services please contact our project coordinator:

Trevor Meawasige
PATP Project Coordinator
trevor.meawasige@aets.org

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Pre-Apprenticeship Training Program Application Form

Complete the following application form. Please note all information collected in this application form will be kept confidential. Completed forms can be submitted to PATP Project Coordinator for review.

Trevor Meawasige, PATP Project Coordinator
trevor.meawasige@aets.org

Full Name: _____

Mailing Address: _____

_____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Do you self-identify as an Aboriginal person? Yes ☐ No ☐

Which First Nations community 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 ☐ License Type: _____

Can you stand for long periods of time, carry and lift heavy materials?	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 ☐

We would like to better understand why you are interested in the Pre-Apprenticeship Training Program. Use the space below to write a short essay of approximately 300 words to explain why you are applying for this program. Questions you could consider are:

- What has led you to apply for the Pre-Apprenticeship Training Program?
- Why are you interested in the trades?
- What do you hope to learn from this program?
- How will this program improve your life?
- How will you motivate yourself to participate and complete the program?
- What goal(s) do you hope to achieve?

Your success in this program is very important to us. It is important that you respond honestly about any challenges that you may have so that we may help to facilitate supports to ensure your completion of the program. Please list any comments, questions or concerns below.Please note all information collected in this application form will be kept confidential.

Housing:
Do you have suitable and stable accommodations within the City of Thunder Bay? Yes ☐ No ☐
If you answered yes, how long have you lived at your current address? _____

Comments:

Transportation:
Do you have reliable transportation within the City of Thunder Bay for the duration of the course? Yes ☐ No ☐
Do you have transportation to the City of Thunder Bay? Yes ☐ No ☐

Comments:

Funding:
You may be eligible for a training allowance while in training.
Do you have any concerns in this area? Yes ☐ No ☐

Comments:

Health & Accessibility:
Do you require additional supports because of health related issues? Yes ☐ No ☐

Comments:

Learning/Language
Do you have any challenges that may require additional support? Yes ☐ No ☐

Comments:

Personal Supports:
Do you have any concerns such as lack of support at home, challenges in the community etc.? Yes ☐ No ☐

Comments:

Other:
Any other comments, questions, concerns or required supports (mental, physical, spiritual, emotional):

Comments:

Ontario
MINISTRY OF TRAINING, COLLEGES AND UNIVERSITIES

Miigwech, thank you for your interest in this program.
Successful candidates will be contacted.

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PROTECTED WHEN COMPLETED

285 Red River Road
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CLIENT INFORMATION FORM

Social Insurance Number			**Date of Birth** (dd/mm/yyyy)
Last Name		**Middle Initial**	**First Name**
Mailing Address			**Postal Code**
City/Town	**Province**	**Home Phone**	
Email		**Cell Phone**	

Indigenous Group ☐ Registered Indian ☐ Metis ☐ Non-status Indian ☐ Inuit

Gender ☐ Male ☐ Female ☐ Unspecified

Marital Status ☐ Married or equivalent ☐ Seperated ☐ Single ☐ Divorced ☐ Widowed

Number of dependent children *(living with you)*

Name of Band

Is child care needed? ☐ yes ☐ No

Living on Reserve ☐ Yes ☐ No

Do you consider your self to be a person with a disibility ☐ Yes ☐ No

Languages Spoken ☐ English ☐ French ☐ Ojibway ☐ Other:

Employed Status *at intake* ☐ Full Time ☐ Part Time ☐ Unemployed ☐ Student

NOC CODE:

Education Level *at intake*

- ☐ No formal education
- ☐ Up to Grade 7-8
- ☐ Grade 9-10
- ☐ Grade 11 or 12 incomplete
- ☐ University - Bachelor Degree
- ☐ Some Post-Secondary
- ☐ Secondary School Diploma/GED
- ☐ Apprenticeship/Trades certificate or diploma
- ☐ College, CEGEP, or other non-university certificate or diploma
- ☐ University certificate or diploma
- ☐ University - Masters
- ☐ University - Doctorate

Trades (Including Heavy Equipment)	Level/Red Seal	Specialization	Years Experience
1			
2			

CERTIFICATES (First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)

Certification	level	Registrar	Expiry date
1			
2			

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

If yes, what type of employment? ☐ Full Time ☐ Part time ☐ Seasonal ☐ Self-employed ☐ Contract

Are you willing to relocate? ☐ Yes ☐ No

Working shiftwork? ☐ Yes ☐ No

Hourly wage expecation? ☐ Min-Wage ☐ min wage - $20 ☐ Over 20$

Clean criminal record ☐ Yes ☐ No ☐ Not Sure

Vaild passport? ☐ Yes, Expiry Date _____ ☐ No

Volunteer work

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

Licences (Class)	Number	Province	Expiry date
1			
2			

TRADITIONAL/CULTURAL SKILLS (Trapping, Hunting, Fishing, Beading, Painting, Carving, Woodworking)

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

Employer	Job Title	Dates	Reason for leaving
1			
2			
3			

SOURCE OF INCOME *at intake*

Employment ☐ Yes ☐ No

Ontario Works Recipient ☐ Yes ☐ No

Employment Insurance (EI) Benefits ☐ Yes ☐ No

☐ 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 ☐ Education ☐ Other _____

☐ Remoteness ☐ Lack of Work Experience ☐ Physical Emotional or Mental Health

☐ Language ☐ Lack of Work Transportation ☐ Lack of Labout Force Attachment

☐ Economic ☐ Lack of Marketable Skills ☐ Dependant Care

Action Plan Start Date *today's date* **(dd/mm/yyyy) :**

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**

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CONSENT TO THE RELEASE OF INFORMATION

As sponsoring agent, Anishinabek Employment and Training Services (AETS) may require the exchange of information in regard to intervention duration, attendance, academic performance, or the exchange of support information with trainers or other community partners.

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

- First Nation Community: _____
- Ontario Works: Yes ☐ No ☐
- Employment and Social Development Canada: Yes ☐ No ☐
- Training Institution: _____
- Photo/image Release-I grant AETS the right to photograph, record, and use the product of these images or recordings of me for AETS promotional purposes. I am over 18 years of age: Yes ☐ No ☐
- I consent to the disclosure and use of my personal information dealing with current or dormant Employment Insurance (EI) claims, for the purpose of establishing EI eligibility for EI supports and measures: Yes ☐ No☐

AETS will hold your information confidential between parties noted above, except in the following circumstances:

- If you give us permission to share information with others who can assist you
- We believe that you present a risk of harming yourself, or others (we are obligated to respond)
- We are required by law to release information

Date : _____

Print Name : _____

Signature : _____

Witness : _____

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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, 285 Red River Road, Thunder Bay, Ontario P7B 1A9
(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: _____