



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

Continuing Education Application Checklist

Fall 2020 - Winter 2021

Initials: _____

Your complete application **must** include:

- ☐ AETS Client Information Form
- ☐ Consent to the Release of Information
- ☐ Status card (photocopy)

Biigtigong Nishnaabeg Endzhi-gkinoohmaading Private High School Files:

- ☐ Student Registration Form
- ☐ Consent to Release Information
- ☐ Request for an Ontario Student Record or High school transcript

For more information about Anishinabek Employment and Training Services Continuing Education program please contact:

Ash Laframboise

Teacher

ashlie.laframboise@aets.org





PROTECTED WHEN COMPLETED

285 Red River Road
Thunder Bay, ON
P7B 1A9

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 <input type="checkbox"/> Registered Indian <input type="checkbox"/> Metis <input type="checkbox"/> Non-status Indian <input type="checkbox"/> Inuit | | | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified | | | |
| Marital Status <input type="checkbox"/> Married or equivalent <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | Number of dependent children (living with you) |
| Name of Band | | Is child care needed? <input type="checkbox"/> yes <input type="checkbox"/> No | |
| Living on Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you consider your self to be a person with a disability <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Languages Spoken <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Ojibway <input type="checkbox"/> Other: | | | |
| Employed Status at intake <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Student | | | NOC CODE: |
| Education Level at intake <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"/> University - Bachelor Degree <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> Secondary School Diploma/GED <input type="checkbox"/> Apprenticeship/Trades certificate or diploma <input type="checkbox"/> College, CEGEP, or other non-university certificate or diploma <input type="checkbox"/> University certificate or diploma <input type="checkbox"/> University - Masters <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, what type of employment? <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Contract | | | |
| Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Working shiftwork? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Hourly wage expectation? <input type="checkbox"/> Min-Wage <input type="checkbox"/> min wage - \$20 <input type="checkbox"/> Over 20\$ | | | |
| Clean criminal record <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure | | | |
| Valid passport? <input type="checkbox"/> Yes, Expiry Date _____ <input type="checkbox"/> No | | | |

| | | | |
|---|--|--|--|
| Volunteer work | | | |
| | | | |
| | | | |
| Computer/Technology Skills: | | | |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Powerpoint | <input type="checkbox"/> Email/Internet Search |
| <input type="checkbox"/> Office Phone Systems | <input type="checkbox"/> GIS | <input type="checkbox"/> Other: _____ | |
| Physical Capabilities: | | | |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Standing | <input type="checkbox"/> Lift Over 50 lbs | <input type="checkbox"/> Walking <input type="checkbox"/> 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 <i>at intake</i> | | | |
| Employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Ontario Works Recipient | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Employment Insurance (EI) Benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <input type="checkbox"/> Reach-Back Client (on EI in the last 3 years or on Special Benefits in the last 5 years) | | | |
| <input type="checkbox"/> None | <input type="checkbox"/> Other _____ | | |
| Barriers to Employment - Check all that apply | | | |
| <input type="checkbox"/> None | <input type="checkbox"/> Education | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Remoteness | <input type="checkbox"/> Lack of Work Experience | <input type="checkbox"/> Physical Emotional or Mental Health | |
| <input type="checkbox"/> Language | <input type="checkbox"/> Lack of Work Transportation | <input type="checkbox"/> Lack of Labour Force Attachment | |
| <input type="checkbox"/> Economic | <input type="checkbox"/> Lack of Marketable Skills | <input type="checkbox"/> Dependant Care | |
| Action Plan Start Date <i>today's date</i> | | (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 : _____





**BIIGTIGONG NISHNAABEG ENDZHI-
GKINOOMAADING
Private High School**

P.O. Box 217 ♦ 21 Rabbit Drive

Heron Bay, ON ♦ P0T1R0

Phone: (807) 229-3726 ♦ Fax: (807) 229-3727

STUDENT REGISTRATION FORM

Name: _____

Date: _____

Band Number: _____

Phone: _____

Date of Birth: ____/____/____/

Email: _____

Mailing Address: _____

Name of last high school Attended: _____

Address of Last High School: _____

Did you begin high school after 1999?

☐ Yes

☐ No

Have you completed OSSD Req. Community Hours?

☐ Yes

☐ No

Have you completed OSSD Req. Literacy Exam?

☐ Yes

☐ No

Briefly State What You Hope to Accomplish This Year:

Part Time/Full Time (please indicate one)

☐ Part Time = 3 credits per year

☐ Full Time = 6 credits per year

Student Signature

Date



BIIGTIGONG NISHNAABEG
ENDZHI-GKINOOHMAADING
PRIVATE HIGH SCHOOL

P.O. Box 216 ♦ 21 Rabbit Drive ♦ Heron Bay, ON ♦ P0T1R0 ♦
Phone (807)229-3726 ♦ Fax (807)229-3727

Date: _____

Anishinabek Employment & Training Services
285 Red River Road
Thunder Bay, ON
P7B1A9

Client Name

Dear Sir/Madam,

Under the Freedom of Information and Protection and Personal Privacy Act (Ontario), I consent to the release of the following information about me held by Biigtigong Nishnaabeg Endzhi-gkinoohmaading Private High School.

Information to be released:

- Education progress reports

Yours truly,

(Signature)

(Name printed)

(Social Insurance Number)

(Street Address)



BIIGTIGONG NISHNAABEG
ENDZHI-GKINOOHMAADING
PRIVATE HIGH SCHOOL

P.O. Box 216 ♦ 21 Rabbit Drive ♦ Heron Bay, ON ♦ P0T1R0 ♦
Phone (807)229-3726 ♦ Fax (807)229-3727

Request for an OSR

Please forward the Ontario Student Record for:

First name

Middle Initial

Surname (maiden)

Date of Birth (year/month/day)

Name of last school attended

Last Year of Attendance

I hear by consent to the release of my official Ontario Student Record to the Biigtigong Nishnaabeg Endzhi-gkinoohmaading (Pic River) Private High School.

Signature of student (Parent if the student under 18 years of age)

Date

This is to certify that this is a private school inspected by supervisory officials of the Ministry of Education and Training, Ontario.

I hereby agree to accept responsibility of the record and to use, maintain, transfer and dispose of the record in accordance with the guidelines for the Ontario Student Record.

Sincerely,

Ashlie Laframboise
Teacher

Date