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:** _____
_____
_____

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**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)

AETS
Anishinabek Employment and Training Services

**PROTECTED WHEN COMPLETED**

523 Algoma Street N
South Wing, Box #4, Third Floor
Thunder Bay, ON
P7A 5C2

# 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** |
|---|---|

AETS
Anishinabek Employment and Training Services

**HEAD OFFICE:**
Biigtigong Nishnaabeg
2 Rabbit Drive
PO Box 220
Heron Bay, ON
P0T 1R0

**SATELLITE OFFICE:**
Suite 210 - 250 Park Avenue
Thunder Bay, ON
P7B 1C2

**BRANCH OFFICE:**
(Mailing Address)
523 Algoma Street North
South Wing, Box #4, 3rd Floor
Thunder Bay, ON
P7A 5C2

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

## 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: Biigtigong Nishnaabeg Endzhi-gkinoohmaading Private High School
- 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 : _____

Anishinabek Employment and Training Services
**523 Algoma Street N • Thunder Bay, ON • P7B 1A9 • Phone (807) 346-0307 • Fax (807) 346-0310**

AETS
Anishinabek Employment and Training Services

## 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,

_____ _____

**Daniel Beals** Date
Teacher