



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

Pre-Health 2021 Application Checklist

Application Deadline: August 20, 2021 **File #** _____

Your complete application **must** include the:

- ☐ Client Registration Form
- ☐ Consent to the Release Information
- ☐ AETS Pre-Health Application and Essay

and, these items

- ☐ Cover letter and Resume
- ☐ High-school diploma or GED, PLAR, ACE or other (photocopy)
and a high school transcript verifying Grade 12 C/U English
- ☐ Status card (photocopy front and back)

Citizens (on and off-reserve) of these communities may contact:

- ☐ Biigtigong Nishnaabeg,
- ☐ Michipicoten First Nation,
- ☐ Pays Plat First Nation,
- ☐ Pic Mobert First Nation,
- ☐ Other _____.

- ☐ Animbiigoo Zaagi'igan Anishinaabek,
- ☐ Biinjitiwaabik Zaaging Anishinaabek,
- ☐ Bingwi Neyaashi Anishinaabek,
- ☐ Kiashki Zaaging Anishinaabek,
- ☐ Red Rock Indian Band

Applications sent to:

Bonnie Cordone, Health Sector Coordinator

Email: bonnie.cordone@aets.org

Fax: 1-807-346-0310





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.			
By electronically signing this document you agree that this electronic signature is the legally binding equivalent to your handwritten signature.			
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 : _____

By electronically signing this document you agree that this electronic signature is the legally binding equivalent to your handwritten signature.





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SDF Pre-Health 2021 Application Form

Are you interested in a career as a Practical Nurse, Paramedic or in Dental Hygiene?

The Information collected in this form will be kept confidential

Full Name: _____ Date of Birth: _____

Do you meet the grade 12 requirements to enter this program? YES ☐ NO ☐
If not, what upgrading would you require? _____

What kind of community supports to you have? _____

Do/would you participate in Indigenous cultural practices? YES ☐ NO ☐
(E.g. Elder Support, Teachings, Smudge)

Does your community have any scheduled events that you attend? (Sports, Powwows)

Are you ready, willing, and able to participate in the program daily? YES ☐ NO ☐
If No, please explain: _____

Are there any barriers preventing you from fully participating each day? YES ☐ NO ☐
If yes, please explain: _____

Which program are you interested in pursuing following this training? Circle all that apply.

Practical Nursing **Paramedic** **Dental Hygiene** **Other**

Do you have good problem solving and critical thinking skills?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you comfortable working with blood and bodily fluids?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you comfortable assisting people with their personal care?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have strong verbal and written communication skills?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you able to follow written and/or verbal directions?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you work well with in a team environment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you work well under pressure?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you comfortable with virtual learning?	YES <input type="checkbox"/> NO <input type="checkbox"/>



Applicant Vision - In your own words, please help us better understand why you have selected this career path and what you hope to achieve from this training program.

Sample questions to consider in your answer are:

Why are you applying for this program? Why are you interested in this career area? What do you hope to learn from this program? How will you motivate yourself to participate and complete the program? Where or in what kind of setting would you like to work in?

