



**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](mailto:aets@aets.org)

## Mining Essentials Training Application Checklist

**Application Deadlines: TBA**

File # \_\_\_\_\_

Your complete application **must** include:

- AETS Client Information Form
- Mining Essentials Training Application Checklist
- SDF Participant Registration Form
- 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 program coordinator:

**Narcise Kakegabon** SDF Program Coordinator

Email: [narcise.kakegabon@aets.org](mailto:narcise.kakegabon@aets.org)

Tel: (807) 346-0307 ext. 217



[www.aets.org](http://www.aets.org)



Assembly of First Nations

Your path. Our ways.





**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

## Mining Essentials Training

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

*Narcise Kakegabon, SDF Program Coordinator  
 Email: narcise.kakegabon@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 Mining Essentials Training. 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 Mining Essentials Training?
  - Why are you interested in a career of mining?
  - 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? \_\_\_\_\_

**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

**Funding:**

You may be eligible for a training allowance while in training.

Do you have any concerns in this area? Yes No

**Health & Accessibility:**

Do you require additional supports because of health related issues? Yes No

**Learning/Language**

Do you have any challenges that may require additional support? Yes No

**Personal Supports:**

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

**Other:**

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



PROTECTED WHEN COMPLETED

285 Red River Road  
Thunder Bay, ON  
P7B 1A9

### CLIENT INFORMATION FORM

<b>Social Insurance Number</b>		<b>Date of Birth</b> (dd/mm/yyyy)	
<b>Last Name</b>		<b>Middle Initial</b>	<b>First Name</b>
<b>Mailing Address</b>			<b>Postal Code</b>
<b>City/Town</b>		<b>Province</b>	<b>Home Phone</b>
<b>Email</b>		<b>Cell Phone</b>	
<b>Indigenous Group</b> <input type="checkbox"/> Registered Indian <input type="checkbox"/> Metis <input type="checkbox"/> Non-status Indian <input type="checkbox"/> Inuit			
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified			
<b>Marital Status</b> <input type="checkbox"/> Married or equivalent <input type="checkbox"/> Seperated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			<b>Number of dependent children</b> <i>(living with you)</i>
<b>Name of Band</b>		<b>Is child care needed?</b> <input type="checkbox"/> yes <input type="checkbox"/> No	
<b>Living on Reserve</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Do you consider your self to be a person with a disability</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Languages Spoken</b> <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Ojibway <input type="checkbox"/> Other:			
<b>Employed Status</b> <i>at intake</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			<b>NOC CODE:</b>
<b>Education Level</b> <i>at intake</i>			
<input type="checkbox"/> No formal education		<input type="checkbox"/> Some Post-Secondary	
<input type="checkbox"/> Up to Grade 7-8		<input type="checkbox"/> Secondary School Diploma/GED	
<input type="checkbox"/> Grade 9-10		<input type="checkbox"/> Apprenticeship/Trades certificate or diploma	
<input type="checkbox"/> Grade 11 or 12 incomplete		<input type="checkbox"/> College, CEGEP, or other non-university certificate or diploma	
<input type="checkbox"/> University - Bachelor Degree		<input type="checkbox"/> University - Masters	
		<input type="checkbox"/> University - Doctorate	
<b>Trades</b> (Including Heavy Equipment)		<b>Level/Red Seal</b>	<b>Specialization</b>
1			<b>Years Experience</b>
2			
<b>CERTIFICATES</b> (First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)			
<b>Certification</b>	<b>level</b>	<b>Registrar</b>	<b>Expiry date</b>
1			
2			
<b>Are you ready, willing and available for work/training?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, what type of employment?</b>		<input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Contract	
<b>Are you willing to relocate?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Working shiftwork?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Hourly wage expection?</b>		<input type="checkbox"/> Min-Wage <input type="checkbox"/> min wage - \$20 <input type="checkbox"/> Over 20\$	
<b>Clean criminal record</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
<b>Vaild passport?</b>		<input type="checkbox"/> Yes, Expiry Date _____ <input type="checkbox"/> No	

<b>Volunteer work</b>			
<b>Computer/Technology Skills:</b>			
<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: _____			
<b>Physical Capabilities:</b>			
<input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Lift Over 50 lbs <input type="checkbox"/> Walking <input type="checkbox"/> Outdoor Work			
<b>Licences (Class)</b>	<b>Number</b>	<b>Province</b>	<b>Expiry date</b>
1			
2			
<b>TRADITIONAL/CULTURAL SKILLS</b> (Trapping, Hunting, Fishing, Beading, Painting, Carving, Woodworking)			
<b>EMPLOYMENT HISTORY</b> starting from most recent work experience, please list employment history:			
<b>Employer</b>	<b>Job Title</b>	<b>Dates</b>	<b>Reason for leaving</b>
1			
2			
3			
<b>SOURCE OF INCOME</b> <i>at intake</i>			
<b>Employment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Ontario Works Recipient</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Employment Insurance (EI) Benefits</b> <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 _____			
<b>Barriers to Employment - Check all that apply</b>			
<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			
<b>Action Plan Start Date</b> <i>today's date</i>		<b>(dd/mm/yyyy) :</b>	
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.			
<b>Signature of Participant:</b>			<b>Date</b>



**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

**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 : \_\_\_\_\_





### Skills Development Fund (SDF) Participant Registration

Fields marked with an asterisk (\*) are mandatory. Staff is available to help you complete this form.

#### Service Provider Use Only

Date of Registration

#### Participant Details

Last Name\*

First Name\*

Middle Initial

Preferred Name

Date of Birth\*

I identify as:\*

- Man    Woman    Transgender    Gender non-binary    Two-spirit

Another gender identity (Specify)

- Prefer not to say    Do not know

Status in Canada: \*  Canadian Citizen    Permanent Resident    Naturalized Canadian Citizen

Protected Persons    Prefer not to say

Other

If you have immigrated to Canada, please indicate:

Country of Origin

Date of Entry into Canada

Preferred Language: \*  English    French

Preferred Communication:  Phone    Email    Hard Copy

Marital Status: \*  Married    Common Law    Separated

Divorced    Widowed

Single

Prefer not to say



## Participant Address and Contact Information

### Primary Mailing Address

Unit Number	Street Number*	Street Name*	PO Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town*	Province*	Postal Code*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Alternate Mailing Address

Unit Number	Street Number	Street Name	PO Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	Province	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

#### Primary Phone Number\*

Home  Mobile  Other

Telephone Number

#### Alternate Phone Number

Home  Mobile  Other

Telephone Number

Email

## Profile Information

### Labour force attachment

- Employed
- Self-Employed
- Employed, but currently on a leave
- Unemployed
- Not employed and looking for work
- Not employed with an employment offer
- Not employed and not looking for work
- Not employed and unable to work
- Attending a school (elementary, high school or equivalent)
- Attending a university
- Attending a college
- Registered in an apprenticeship program
- In other training or skills development program
- Not sure
- Prefer not to say

## Source of Income

- Employment Insurance (EI) \*
- Ontario Works (OW)
- Ontario Disability Support Program (ODSP)
- Crown Ward Extended Care and Maintenance
- Dependent of OW/ODSP
- No income
- Employed with employer
- Self-Employed
- Non-EI (other)
- Other (Specify)

**\*Note for individuals who selected EI:** Your Social Insurance Number will be used by Canada to help monitor and assess the EI program and the Service Provider to request approval to continue to receive regular EI benefits in order to take part in training programs and other employment activities.

Social Insurance Number\*

---

Please complete if you wish to self-identify as a member of a designated group(s). Your response to this question is entirely voluntary and will not affect your eligibility. This information will be used by the Governments of Ontario and Canada for policy analysis and statistical purposes related to employment programs and services. (You may select more than one option):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Newcomer          | <input type="checkbox"/> Francophone            | <input type="checkbox"/> First Nations     |
| <input type="checkbox"/> Racialized Person | <input type="checkbox"/> Person with Disability | <input type="checkbox"/> Métis             |
| <input type="checkbox"/> Veteran           | <input type="checkbox"/> Inuit                  | <input type="checkbox"/> Prefer not to say |

## Education

Indicate your Highest Level of Education/Qualification:

- |  |   |   |
|--|---|---|
| <input type="radio"/> Grade 0 - 8              | <input type="radio"/> OAC                           | <input type="radio"/> Bachelor's Degree |
| <input type="radio"/> Grade 9                  | <input type="radio"/> Certificate of Apprenticeship | <input type="radio"/> Post Graduate     |
| <input type="radio"/> Grade 10                 | <input type="radio"/> Journeyperson                 | <input type="radio"/> Other             |
| <input type="radio"/> Grade 11                 | <input type="radio"/> Certificate/Diploma           |   |
| <input type="radio"/> Grade 12 (or equivalent) |   |   |

## Employment

List your work experience, including volunteer work. Start with the most recent job/volunteer activity.

### Work Experience

Employment Type:  Paid  Self-Employed  Unpaid  Volunteer

Name of Employer

Job Title/Duties

Employment Start Date  Employment End Date

Country of Employment

Preferred method of reporting wage:  Hourly  Weekly  Bi-Weekly  Monthly  Yearly

Wage Amount (\$) \*

Hourly wage (including tips and commissions) (\$) \*

Average Paid Hours per Week (excluding overtime) \*

Reason for Leaving

**Service Provider Use Only** NOC\*

NAICS\*

### Additional Work Experience (if applicable)

Employment Type:  Paid  Self-Employed  Unpaid  Volunteer

Name of Employer

Job Title/Duties

Employment Start Date  Employment End Date

Country of Employment

Preferred method of reporting wage:  Hourly  Weekly  Bi-Weekly  Monthly  Yearly

Wage Amount (\$) \*

Hourly wage (including tips and commissions) (\$) \*

Average Paid Hours per Week (excluding overtime) \*

Reason for Leaving

**Service Provider Use Only** NOC\*

NAICS\*

## Notice of Collection and Consent - Skills Development Fund Sole

Organizations delivering Skills Development Fund under an agreement with the Ministry of Labour, Training and Skills Development (the "Ministry") are required to make its records available to the Ministry for inspection, investigation or audit.

For those organizations in a Partnership Agreement with a lead organization, please note that the lead organization has an agreement with the Ministry. In accordance with the Partnership Agreement your information will be shared with the lead organization. The lead organization, in turn, will share your information with the Ministry. The partnership agreement requires that your organization make its records available to the lead organization. In turn, the lead organization will share your information with the Ministry for inspection, investigation, or audit, as appropriate and as necessary.

Your organization/the lead organization in the consortia is also required to report to the Ministry on:

- The service it tailors and provides you;
- Your employment progress and outcome; and
- Your satisfaction with the services you receive.

The Ministry will also collect relevant personal information about you from the Government of Canada (Canada) if necessary. The purpose of this information is to determine your eligibility for Employment Insurance benefits, the nature and level of Employment Insurance benefits, and to monitor, assess and evaluate the effectiveness of Skills Development Fund. Depending on the type of service or support you receive and any incentives available to your employer to hire you, your organization or the Ministry may also collect personal information about you from your employer. The Ministry may use contractors and auditors to administer and finance Skills Development Fund.

Administration includes:

- Assessing the performance of your organization, its effectiveness, efficiency and customer service results; monitoring, inspecting, investigating, auditing and enforcing your organization's compliance with its agreement with the ministry.
- Planning, evaluating and monitoring Skills Development Fund - this includes conducting surveys, and conducting policy and statistical analysis and research related to all aspects of Skills Development Fund. You may be contacted to request your voluntary participation in surveys.
- Promoting Skills Development Fund - you may be contacted to request your voluntary participation in public relations campaigns related to Skills Development Fund.

If you are a client of, or applying to, the Ontario Disability Support Program or Ontario Works, the Ministry will provide your personal information to the Ministry of Children, Community and Social Services (MCCSS) for the purposes of administering employment services and managing the participation of MCCSS clients within employment support programs under the Ontario Works Act, 1997, and the Ontario Disability Support Program Act, 1997.

Skills Development Fund is funded by the Ministry, in part with funds provided by Canada under Part II of the Employment Insurance Act. When funds are provided by Canada, the ministry is required to provide information to Canada to help monitor and assess the Employment Insurance Program, as required under s.3 of the Employment Insurance Act.

Under the Labour Market Development Agreement between Canada and Ontario (LMDA) and the Workforce Development Agreement between Canada and Ontario (WDA), the Ministry is required to collect social insurance numbers from EI beneficiaries to request approval to continue to receive regular EI benefits in order to take part in training programs and other employment activities.

The Ministry collects your personal information pursuant to the LMDA and WDA, ss. 3 and 63 of the Employment Insurance Act, S.C. 1996, C.23 as amended, and s.76.29 of the Employment Insurance Regulations, SOR/96-332. The Ministry will collect personal information from clients who identify as Ontario Disability Support Program or Ontario Works recipients and disclose your personal information to MCCSS in accordance with the s.71 of the Ontario Works Act, 1997, and s.53 of the Ontario Disability Support Program Act, 1997.

For more information about the collection and use of your personal information to administer and finance Skills Development Fund, you can contact the Manager, Employment Ontario Call Centre, in writing at the Ministry of Labour, Training and Skills Development, 33 Bloor Street East, 2nd Floor, Toronto, Ontario M7A 2S3 or by phone at 1-800-387-5656. For the hearing impaired, TTY is available at 1-866-533-6339.

## Signatures

- I/we acknowledge that my Service Provider has explained its use and disclosure of my personal information for its purpose.

Participant's Name*	Date*
Parent's/Guardian's Name (if participant is under 18)	Date

- I/we give consent to the Ministry to indirectly collect, use and disclose my personal information for the purposes set out above.

Participant's Name*	Date*
Parent's/Guardian's Name (if participant is under 18)	Date