



Anishinabek Employment and Training Services
212 Camelot Street, Upper Level
Thunder Bay, Ontario
P7A 4B1

CLIENT REGISTRATION

PROTECTED WHEN COMPLETED

OFFICIAL USE

FILE NUMBER:

OPTION:

A - CLIENT DATA

Social Insurance Number			SOURCE OF FUNDS:				
Last Name							
First Name							
Address							
City / Town		Province	Postal Code	HRDC FILE #:			
(Area Code) Telephone Number(s)							
The following information is requested for statistical purposes and to determine the effectiveness of employment and training programs.							
Date of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE:				
Are you?	Status <input type="checkbox"/>	Non-Status <input type="checkbox"/>	Metis <input type="checkbox"/>	Inuit <input type="checkbox"/>	Non-Aboriginal <input type="checkbox"/>	Not Declared <input type="checkbox"/>	YOUTH:
Name of Band		<input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve					
Do you consider yourself to be a person with a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Specify _____			
Marital Status?							
Number of dependants?							
Educational Attainment: Highest Grade Completed?							
What was the occupation of your last job?				PRIOR N.O.C.:			
The following questions relate to your participation and source of funding							
What is your start date on this program?				DURATION:			
When do you expect to finish this program?							
What is the title of the skill or occupation for which you are being trained				INTERVENTION N.O.C.:			
Immediately prior to your participation in this program what was your SOURCE OF INCOME?				C/P:			
<input type="checkbox"/> Social Assistance		<input type="checkbox"/> Employment Insurance Benefits		<input type="checkbox"/> Employed			
<input type="checkbox"/> Self-Employed		<input type="checkbox"/> None		<input type="checkbox"/> Other _____			
				P.O.			

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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PLEASE INDICATE THE LENGTH OF TRAINING OR MINIMUM SALARY DESIRED

C - QUALIFICATIONS

D - WORK HISTORY

RESUME WILL FOLLOW ☐ YES ☐ NO

E - OTHER SKILLS / EXPERIENCE

(INCLUDING NON-PAID / VOLUNTARY WORK, EQUIPMENT YOU CAN OPERATE, SPECIAL TRAINING, ETC)

DATE _____

Anishinabek Employment and Training Services

HEAD OFFICE:

Ojibways of the Pic River First Nation
PO Box 193
Heron Bay, ON
P0T 1R0



BRANCH OFFICE

212 Camelot Street, Upper Level
Thunder Bay, ON P7A 4B1
Phone: (807) 346-0307
Fax: (807) 346-0310
Email: aets@aets.org

CONSENT TO THE RELEASE OF INFORMATION

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

1. Human Resources Development Canada
2. Union of Ontario Indians
3. Training Institution: _____
4. Social Services: _____
5. Other: _____
6. Other: _____

As sponsoring agent, we require any information in regards to course duration, attendance, academic performance, or any other information required by the Anishinabek Employment and Training Services. Any exchange of information will be held confidential between all parties noted above.

Dated, this _____ day of _____ 20 _____

SIGNATURE

WITNESS

Anishinabek Employment and Training Services

S.I.N.: _____

REQUEST FOR DISCLOSURE OF EI PROGRAM ELIGIBILITY

I, _____ do hereby consent to the disclosure
(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:

(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 BPC 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)

****Note:** If the individual wishes to refuse consent he/she should destroy this form.

Verified by: _____ Date: _____ Time: _____



Développement des
ressources humaines Canada

Human Resources
Development Canada