



PROTECTED WHEN COMPLETED

OFFICIAL USE

FILE NUMBER:

FIRST NATION ALLOCATION:**INTERVENTION:**

C:\Users\laets\Desktop\Client Forms\Client Info Form May 2017

TRADITIONAL/CULTURAL SKILLS: (ie. Trapping, hunting, fishing, beading, painting, carving, woodworking, drumming, dancing, elder, ceremonial, story telling, writing)				PRIOR NOCS:
EMPLOYMENT HISTORY Starting from most recent work experience, please list employment history:				
Employer	Job Title	Dates	Reason for leaving	
1				
2				
3				
4				
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-employment				
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: (Include Board or Councils)				
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				
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				
Is childcare needed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is childcare funded				
<input type="checkbox"/> Not applicable; <input type="checkbox"/> FNICCI;				
<input type="checkbox"/> Provincial funding or subsidy; <input type="checkbox"/> No funding received;				
<input type="checkbox"/> Daycare space not available; <input type="checkbox"/> Assisted by family/self-funded				
Source of income:				
Employment Status				
<input type="checkbox"/> Employed <input type="checkbox"/> Underemployed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed (less than 20 hrs/wk)				
Ontario Works Recipient Recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employment Insurance (EI) Benefits				
<input type="checkbox"/> EI Claimant > Gross Weekly Rate _____ Number of weeks entitled _____				
<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"/> Lack of Labour Force Attachment				
<input type="checkbox"/> Remoteness <input type="checkbox"/> Lack of Work Experience				
<input type="checkbox"/> Language <input type="checkbox"/> Lack of Transportation				
<input type="checkbox"/> Education <input type="checkbox"/> Lack of Marketable Skills				
<input type="checkbox"/> Economic <input type="checkbox"/> Physical Emotional or Mental Health				
<input type="checkbox"/> Dependent Care <input type="checkbox"/> Other (specify): _____				
COMPLETE IF ON AN AETS FUNDED INTERVENTION				Duration in Days:
Start Date: _____ End Date: _____				
What is the title of the skill or occupation for which you are being trained?				Intervention NOC:
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.				Resp Staff: PO EC PC
Signature of Participant: _____				
Date				

Anishinabek Employment and Training Services

HEAD OFFICE:

Ojibways of the Pic River First Nation
General Delivery
Heron Bay, Ontario
P0T 1R0

**BRANCH OFFICE:**

277 Park Ave.
Thunder Bay, Ontario P7B 1C4
Phone: (807) 346-0307
Fax: (807) 346-0310
Email: aets@aets.org

Photograph Release Form

I the undersigned hereby grant to Anishinabek Employment and Training Services, the right to photograph me and to record my voice, performances, actions and appearances and to use my picture, photograph, silhouette and other reproductions of my physical likeness for use in annual and monthly reports, AETS web site and/or AETS advertising/promotion of program and services.

I agree that I will not assert or maintain against Anishinabek Employment and Training Services, any claim, action, suit or demand of any kind whatsoever, including but not limited to those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any reason in connections with your authorized use of my physical likeness and sound.

I hereby certify that I am 18 years of age or over and have read the forgoing and fully understand the meaning and effect therefore.

PRINT NAME: _____ SIGNATURE: _____

ADDRESS: _____

DATED THIS _____ DAY OF _____ 20____

WITNESSED BY: (PRINT) _____ SIGNATURE: _____

Anishinabek Employment and Training Services

S.I.N: _____

REQUEST FOR DISCLOSURE OF EI PROGRAM ELIGIBILITY

I, _____ do hereby consent to the disclosure of
(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:

Anishinabek Employment & Training Services, 277 Park Avenue, Thunder Bay, Ontario P7B 1C4

(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 PBC 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

Verified by: _____ 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

277 Park Ave
Thunder Bay, ON P7B 1C4
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



Personal Support Worker Training Application Form

Are you interested in a career in the health care sector? If you answered yes to this question please complete the following application form and submit it to the Project Coordinator for review.

Please note that all the information collected in this application form will be kept confidential.

Full Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Do you self-identify as an Aboriginal person? Yes___ No___

Which of our nine participating communities are you a member of? _____

Marital Status? _____

Number of Dependents? _____

What is your current source of income? _____

What is your highest level of education? _____

Do you have a driver's license? Yes___ No___

Can you stand for long periods of time, carry and lift heavy objects? Yes___ No___

Do you work well in a team setting? Yes___ No___

Do you enjoy working with people/elderly? Yes___ No___

Do you have effective communication skills? (Written and Oral) Yes___ No___

Do you respect the needs and preferences of others? Yes___ No___

I would like to take part in the Personal Support Worker Training Program because:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Your success in this program is very important to us and for that reason it is important that you respond honestly about any challenges that you may have so that we may help to support you in the completion of the program.

If you are selected to participate in this program, do you have **any concerns** about: _____

Housing: Do you have suitable and stable accommodations (In Thunder Bay)? Yes___ No___

If you answered yes, please explain: _____

Funding: You may receive a training allowance while in training.

Do you have any concerns in this area? Yes___ No___

For example: living expenses / child care expenses

Health Issues: Do you require additional supports because of health related issues? Yes___ No___

If you answered yes, please describe: _____

Learning/Language: Do you have any challenges that may require additional support? Yes___ No___

If you answered yes, please describe: _____

Training Location: Do you have any concerns regarding transportation to the training site, accessibility, or building facilities? Yes___ No___

If you answered yes, please describe: _____

Personal Supports: Do you have any concerns such as lack of support at home? challenges in the community, etc.? Yes___ No___

If you answered yes, please describe: _____

Any other Concerns? Please Specify: _____

Thank you for your interest in this program.

