



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

PSW 2021 Application Checklist

Application Deadline: July 5, 2021 File # _____

Your complete application **must** include the:

- Client Registration Form
- Consent to the Release Information
- AETS PSW 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)
- Current Immunization Record
 - Confederation College Immunization and Communicable Diseases Form
- Vulnerable Criminal Records Check

For the PSW training program, these items may be requested:

- First Aid/CPR certificates (photocopy)

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

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Biigtigong Nishnaabeg, <input type="checkbox"/> Michipicoten First Nation, <input type="checkbox"/> Pays Plat First Nation, <input type="checkbox"/> Pic Moberg First Nation. | <ul style="list-style-type: none"> <input type="checkbox"/> Animbiigoo Zaagi'igan Anishinaabek, <input type="checkbox"/> Biinjitiwaabik Zaaging Anishinaabek, <input type="checkbox"/> Bingwi Neyaashi Anishinaabek, <input type="checkbox"/> KiashkiZaaging Anishinaabek, <input type="checkbox"/> 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 <i>(living with you)</i>
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 <i>at intake</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			NOC CODE:
Education Level <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	
Trades (Including Heavy Equipment)		Level/Red Seal	Specialization
1			Years Experience
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 PSW 2021 Application Form

Are you interested in a career as a Personal Support Worker? Please complete the following application form.

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? _____

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 that would prevent you from fully participating in the program each day? YES NO

If yes, please explain: _____

Are you able to dedicate Monday to Friday for training? YES NO

Do you enjoy interacting with people from different cultures? YES NO

Are you comfortable providing personal care for individuals? YES NO

Are you comfortable communicating with people who don't speak English? YES NO

Are you able to follow written and/or verbal directions? YES NO

Do you work well with in a team environment? YES NO

Would you be comfortable entering a health care facility? YES NO

Are you comfortable providing basic hygiene care to clients? YES NO



