



Anishinabek Employment and Training Services
 277 Park Ave
 Thunder Bay, Ontario
 P7B 1C4

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		
(Area Code) Telephone Number(s)				
Email Address				
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
Are you <input type="checkbox"/> Registered <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/>				
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 _____			HRDC FILE #:	
Marital Status				
Number of dependants				
Language Spoken				
Educational Attainment: Highest Grade Completed				
What was name of the last high school you attended?				
Education Province (where did you go to school)				
What was the occupation of your last job				
The following questions relate to your participation and source of funding				INTERVENTION CODE (HRDC):
What is your start date on this program				
When do you expect to finish this program				
What is the title of the skill or occupation for which you are being trained				
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"/> EI/CRF; <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				
Immediately prior to your participation in this program what was your SOURCE OF INCOME? <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 _____				
Barriers to Employment - Check all that apply <input type="checkbox"/> None; <input type="checkbox"/> Lack of labour force attachment; <input type="checkbox"/> Lack of work experience <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Remoteness; <input type="checkbox"/> Language; <input type="checkbox"/> Education; <input type="checkbox"/> Economic; <input type="checkbox"/> Dependent care; <input type="checkbox"/> Lack of marketable skills; <input type="checkbox"/> Physical, emotional, or mental health; <input type="checkbox"/> Other barrier not listed				
			PRIOR N.O.C.:	
			DURATION IN DAYS:	
			INTERVENTION N.O.C.:	
			C/P:	
			P.O. Or E.C.	

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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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

Anishinabek Employment and Training Services

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General Delivery
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P0T 1R0



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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.

I hereby grant to Anishinabek Employment and Training Services its successors, assigns and agents the perpetuity rights to use, and you may desire, all still and motion pictures and sound track recordings and records which you make of me or of my voice, and the right to use my name or likeness. I further grant the right to reproduce in any manner whatsoever any recordings including all instrumental, musical or other sound effects produced by me.

I agree that I will not assert or maintain against Anishinabek Employment and Training Services, your successors, assigns and licensees, 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: _____

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June 2014

Dear Potential SAYbiz Participant,

Congratulations on being admitted to the Summer Aboriginal Youth (SAYbiz) Program. After you review the following **Learning Agreement**, please complete (with signature and date) and return in hard copy or via fax to Anishinabek Employment and Training Services (AETS) as soon as possible:

I agree to be an active participant in the SAYbiz Program from July 2 up to August 29 2014, to take place at the Northwestern Ontario Innovation Centre (NOIC) and my community with the following responsibilities:

- *provide AETS with up to date contact information throughout the program*
- *attend the two classroom retreats and related work enrichment experiences in a punctual manner, meet deadlines and maintain attendance as required*
- *confirm transportation arrangements with AETS to start on Wednesday July 2nd for pick up the day before for drop off at your accommodations and then the following morning to NOIC, with an understanding that you will immediately identify any unexpected barriers to AETS that may come up related to transportation. You will also need to make the same departure arrangements for Saturday July 5th.*
- *confirm transportation arrangements with AETS to start on Monday August 25th for pick up the day before for drop off at your accommodations and then the following morning to NOIC, with an understanding that you will immediately identify any unexpected barriers to AETS that may come up related to transportation. You will also need to make the same departure arrangement for Friday August 29th.*
- *agree to release a career profile including an updated resume*
- *maintain a predetermined standing in the program and understand if you are on a training probation, you may not be able to complete with your full \$200 weekly training allowance and graduate certification*
- *maintain an appropriate classroom and work experience dress code during the work enrichment experience and complete all required reports*
- *complete all the work enrichment experiences in a satisfactory manner*
- *contact AETS in the event that questions or problems arise regarding either the classroom or work enrichment experience*
- *build and maintain a good personal reputation, and reputation of the AETS, through good performance on work enrichment experience*
- *maintain a professional attitude towards learning and employment modules, and perform on the work enrichment experience in a capable manner*

Participant Name (Please Sign)

Date (Month, Day, Year)

Good luck and best wishes for every success throughout your experience with the training program.

Sincerely,

A handwritten signature in black ink that reads "John DeGiacomo". The signature is written in a cursive, flowing style.

John DeGiacomo, Executive Director
Anishinabek Employment and Training Services

SAYbiz

Summer Aboriginal Youth Business Program

Anishinabek Employment and Training Services (AETS) in partnership with the Northwestern Ontario Innovation Centre (NOIC), will engage and design a business team made up of 18 Aboriginal Youth from nine First Nation communities. The Aboriginal Youth will be gathered to develop an entrepreneurial culture for their home First Nation community and/or High School. The team will be provided with entrepreneurial education in co-operation with other stakeholders, along with experiences and activities while they work through the NOIC.

Program Description

Nine weeks of training including a \$200 weekly allowance (as a minimum), access to a laptop, and a one week pre-program and one week post-program retreat with accommodations/meals provided. The culturally aware and responsive program also involves an Elder, Mentor, Instructor, Classroom and Research Enrichment Activities and regular Monitors for the creation of Social Enterprises and High School Entrepreneur Clubs. Graduates will receive a certificate. Confederation College will grant graduates an Aboriginal Entrepreneurship Advanced Credit for GE516/LV213.

EXPOSURE (Week 1)

- Orientation and Classroom Retreat at NOIC from July 2 to 5, 2014 including Elder/Mentor Seven Teachings Discussions
- Program Modules: Aboriginal Entrepreneurship, Entrepreneurial Effectiveness, Opportunities and Ideas, Determining Resources, Business Planning
- Initiate 18 Entrepreneurial Projects and a Team Entrepreneurship Club

EXPLORATION (Week 2 to 8)

- Linkage with the Community Contacts (i.e.: Education/ EDO Officers) from each First Nation and each Aboriginal Youth participant to complete research and development activities - July 7 to Aug. 22, 2014
- Online and On-site Monitor Activities with Instructor/Advisor Support

EXPERIENCE (Week 9)

- Classroom & Graduation Retreat at NOIC from Aug. 25 to 29, 2014 including Elder/Mentor follow up Discussions
- Review 18 Entrepreneurial implementations in a First Nation and/or High School Entrepreneurship Club Actions
- Post Assessment: BEST (Barriers to Entrepreneurship Success Tools) for Youth

*** All dates are subject to change**

PLEASE SUBMIT THIS COMPLETED APPLICATION TO AETS, NO LATER THAN NOON ON FRIDAY JUNE 20th, 2014

Anishinabek Employment and Training Services (AETS)

277 Park Avenue, Thunder Bay, Ontario, P7B 1C4

Tel: 807-346-0307, Fax: 807-346-0310

Toll Free: 866-870-2387, aets@aets.org

SAYBiz Applicaton

1. Please describe your personal experience (community involvement, leadership, entrepreneurship, volunteerism, etc).
2. Please identify any experience you have in business. (business course, interest in business, related to business owners)
3. What are some of the market needs in your community?
4. Do you already have an idea for a business or project? If so briefly describe it.
5. Briefly describe why you are applying for this program and what you hope to get out of it?