Shooniyaa Wa-Biitong

Training and Employment Centre for the Treaty #3 Area

Main Office:
580 Lakeview Drive
P.O. Box 2909
Kenora, ON P9N 3X8
Reception: 1-800-545-5113, ext. 221

Eastern Area Office:
1459 Idylwild Drive
Site 206-53, R.R. #2
Fort Frances, ON P9A 3M3
Reception: 1-800-545-5113, ext. 260

Participant Information Form

Protected when completed

For Official Use Only: ☐ CRF ☐ EI	**Client ID (ARMS) Number:** **File No.**	**Contact:** ☐ Telephone ☐ Email ☐ Office ☐ Comm. Visit _____	Shooniyaa Wa-Biitong undertakes follow-up surveys to determine whether program support proves beneficial. In order to conduct such surveys, information is required. Since private sector firms are often engaged to do these surveys, some, or all of the information you provide may be passed to them for this purpose. Shooniyaa Wa-Biitong will try to alert you in advance when this is being done.

First Name:	Middle Initial(s):	Last Name:	Current Gender Identity:
Social Insurance Number (SIN): *MANDATORY*		**Date of Birth:** *MANDATORY*	_____ MM / DD / YY
Primary Telephone:	Alternate Telephone: (optional)	Mailing Address:	
City / Town:	Province:	Postal Code:	Email Address:

The following provision of information **is <u>mandatory</u>**. Shooniyaa Wa-Biitong requires this information for statistical purposes only and to determine the effectiveness of employment and training programs. To assist us in this aspect, please answer the following:

Marital Status: ☐ Single ☐ Married or Equivalent ☐ Separated ☐ Divorced ☐ Widowed ☐ Single Parent

Number of Dependents: _____ Do you consider yourself to be a person with a disability? ☐ Yes ☐ No

Primary Language: ☐ English ☐ French ☐ Indigenous Language (specify):

Secondary Language: (optional) ☐ English ☐ French ☐ Indigenous Language (specify):

Indigenous Self-Identification:

☐ First Nations ☐ Registered (Status) ☐ Non-Status ☐ Inuit ☐ Métis ☐ Non-Indigenous

Do you reside on First Nation territory? ☐ Yes ☐ No

First Nation Affiliation: *(if applicable)*

Registration No. *(Registered [Status] First Nation applicants only)*:

Employment and Income Information:

Employment Status: ☐ Employed ☐ Not Employed ☐ Student ☐ Self-Employed

Types of Income Benefit:

☐ Employment Salary ☐ No Income Benefit ☐ Employment Insurance ☐ Social Assistance
☐ Canada Pension Plan ☐ Canada Pension Plan Disability ☐ Worker's Compensation ☐ Private Insurance
☐ Settlement Support ☐ Ontario Disability Support Program ☐ Other:_____

Education Information:

Primary / Secondary Education	☐ No Formal Education ☐ Grade 1 – 12: Grade Passed:_____ ☐ High School Graduation	Year Attained:	In what province did you attend your last day of school?

Post-Secondary Education	☐ No Post-Secondary Education ☐ College Education College Name:_____ Program Name: _____ Years attended: _____ Current Student? ☐ Yes ☐ No Diploma Achieved? ☐ Yes ☐ No ☐ N/A Certificate Achieved? ☐ Yes ☐ No ☐ N/A ☐ Undergraduate / University Education University Name: _____ Program Name: _____ Years attended: _____ Current Student? ☐ Yes ☐ No Degree Achieved? ☐ Yes ☐ No ☐ N/A Other Notable Post-Secondary Education: _____

Client Consent to Release Information:

To be eligible for participation in Shooniyaa Wa-Biitong sponsored programs and services, the Client must provide the information requested and must consent to the collection, disclosure, and use of that information as described in this notice by signing the consent and release form.

I, _____ understand that the personal information collected and held by Shooniyaa Wa-Biitong will
Print Name
solely be used to help me access employment services and benefits designed to help me prepare for, get, and keep employment.

1. I hereby grant permission for any, and all, personal information held by Shooniyaa Wa-Biitong to be disclosed, when required, on an as needed basis, to representatives of:
   - Service Canada and its successor departments and agencies,
   - Employment Ontario and its successor departments and agencies, and,
   - Organizations under contract to either of these departments to provide employment-related benefits and services.
   - Another agency (Please state agency's name & contact and have client initial consent):

     _____
2. Verification of Indian status and affiliation may be required from a First Nation membership clerk/Band Administrator and Post-Secondary Counsellors.
3. Participant information may be provided to potential employers when making referrals for employment.
4. By signing this client consent form, the client authorizes the release of any test results, reports, and other information from a Shooniyaa Wa-Biitong sponsored training program to an authorized officer of Shooniyaa Wa-Biitong.
5. Should I be successful in obtaining funding from Shooniyaa Wa-Biitong, I consent to the release of my name to be published as a participant on a Shooniyaa Wa-Biitong sponsored training program.

Under the Privacy Act, the personal information collected on this form may be accessed by the participant.

_____ _____
Client Signature *Date*

Shooniyaa Wa-Biitong is committed to respecting your privacy and protecting your personal information. This document and the information in it are provided in confidence, for the sole purpose of Shooniyaa Wa-Biitong, and may not be disclosed to any third party or used for any other purpose without the express written purpose of the participant.

For Official Use Only:		
Referral:	☐ Other ISET/LDM ☐ FN Post-Secondary Information ☐ Other Employment Agency ☐ Service Canada ☐ Other:_____	
Required Assistance:	☐ Employment Services / Career Counselling ☐ Skills Enhancement ☐ Wage Subsidy ☐ Special Employment Supports ☐ Travel Assistance ☐ Self-Employment ☐ Other	
Further Action:		
Program Officer:		Date Received: