

Shooniyaa Wa-Biitong Training & Employment Centre For The Treaty No. 3 Area
 P.O. Box 2909, Kenora, Ontario, P9N 3X8 • Toll Free: 1-800-545-5113 • Fax: (807) 468-1813

PARTICIPANT INFORMATION FORM

Protected when completed

Official Use Only: CRF: <input type="checkbox"/> EI: <input type="checkbox"/>	Client ID (ARMS) Number: File Number:	Contact: <input type="checkbox"/> Office <input type="checkbox"/> Telephone <input type="checkbox"/> Email/Mail/Fax <input type="checkbox"/> Community Site Visit Name of Community: _____	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.		
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Social Insurance Number: MANDATORY ➔ _____	Date of Birth: MANDATORY ➔ MM DD YY	Current Gender Identity : _____
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First Name:	Middle Initial(s):	Last Name:
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Primary Telephone:	Alternative Telephone (optional):	Mailing Address:
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City/Town:	Province:	Postal Code:	Email Address:
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The following provision of information is mandatory. 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 questions:

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent <input type="checkbox"/> Married or Equivalent	Number of Dependents: _____	Do you consider yourself to be a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Aboriginal Type: <input type="checkbox"/> Not Aboriginal <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Registered (Status) Indian <input type="checkbox"/> Non-Status Indian	Do you reside on a First Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No
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First Nation Affiliation: _____	Primary Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Aboriginal language(s) Specify (If Aboriginal):_____	Secondary Language Spoken (optional): <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Aboriginal language(s) Specify (If Aboriginal):_____
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The following relates to your level of education attained, current employment status, and source of income:

Primary/Secondary Education: ➔	<input type="checkbox"/> No Formal Education <input type="checkbox"/> Grade 1 – 12 ➔ Grade Passed: _____ <input type="checkbox"/> High School Graduation	Year Attained: ➔	In what province did you attend your last day of school? ➔
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Post-Secondary Education: ➔	<input type="checkbox"/> No Post-Secondary Education <input type="checkbox"/> 1 Yr. College Dip/Cert. <input type="checkbox"/> 1 Yr. No College Dip/Cert <input type="checkbox"/> 2 Yr. College Dip/Cert. <input type="checkbox"/> 2 Yr. No College Dip/Cert <input type="checkbox"/> 3 Yr. College Dip/Cert <input type="checkbox"/> 3 Yr. No College Dip/Cert <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	Year Attained: ➔	In what province did you attend your last day of school? ➔
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Employment Status ➔	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Student <input type="checkbox"/> Self-Employed
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Type of Income Benefit: ➔	<input type="checkbox"/> Employment Salary <input type="checkbox"/> No Income Benefit <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Social Assistance <input type="checkbox"/> Canada Pension Plan <input type="checkbox"/> Canada Pension Plan Disability <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Private Insurance <input type="checkbox"/> Settlement Support <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> Other
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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 solely be

Print Name

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.

Participant's Signature:	Date:
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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.

Official Use Only:

Referral: →	<input type="checkbox"/> Other ISET/LDM <input type="checkbox"/> FN Post-Secondary Education <input type="checkbox"/> Other Employment Agency <input type="checkbox"/> Service Canada <input type="checkbox"/> Other. Explain: _____
Type of Assistance Required →	<input type="checkbox"/> Employment Services/Career Counselling <input type="checkbox"/> Skills Enhancement <input type="checkbox"/> Wage Subsidy <input type="checkbox"/> Special Employment Supports <input type="checkbox"/> Travel Assistance <input type="checkbox"/> Self-Employment <input type="checkbox"/> Other
Further Action: →	

Program Officer:	Date:
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Shooniyaa Wa-Biitong

Training and Employment Centre for the Treaty #3 Area

Self-Employment Program Application

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For Official Use Only:		
<input type="checkbox"/> CRF	File No.	Client ID (ARMS) Number: _____
<input type="checkbox"/> EI		

Applicant Information	
First Name: 	Last Name:
Email: 	Phone Number:
First Nation: 	Status Number:
<i>Have you previously received funding through Shooniyaa Wa-Biitong or Service Canada?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type of funding? <hr/> <hr/> <hr/>	Date: _____ / _____ / _____ D D / M M / Y Y
Approval Status: 	
Accessed Services: <hr/> <hr/> <hr/>	
<i>Have you requested training funding for self-employment through any other agencies?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what agency? <hr/>	Approval Status:
Accessed Services: <hr/> <hr/> <hr/>	

Shooniyaa Wa-Biitong

Self-Employment Program Application

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Business Start-Up Assessment

Please select all topics that apply to your business skills and/or knowledge: (check all that apply)

<input type="checkbox"/> Business Management	<input type="checkbox"/> Computer & Technology Skills
<input type="checkbox"/> Finance Skills (Book-keeping / Accounting)	<input type="checkbox"/> Experience with Internet browsers
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Using search engines (Google, Bing, etc.)
<input type="checkbox"/> Marketing & Advertising	<input type="checkbox"/> Using email services
<input type="checkbox"/> Social Media Business Tools	<input type="checkbox"/> Experience with Word Processing (Microsoft Word, Google Docs, etc.)
<input type="checkbox"/> Digital Point of Sale Systems	<input type="checkbox"/> Creating spreadsheets (Microsoft Excel, Google Sheets, etc.)
<input type="checkbox"/> Business Planning	<input type="checkbox"/> Creating and using digital signatures
<input type="checkbox"/> Employer Responsibilities	<input type="checkbox"/> Using online accounts and services (CRA My Account, Service Canada My Account, Ontario My Account, etc.)
<input type="checkbox"/> Online Stores & Marketplaces	
<input type="checkbox"/> Financial Literacy and Planning	
<input type="checkbox"/> Customer Service skills	
<input type="checkbox"/> Money-Handling skills	
<input type="checkbox"/> Literacy Skills (Reading and Writing)	
<input type="checkbox"/> Math Fundamentals (addition, subtraction, multiplication, division)	
<input type="checkbox"/> Online video conferencing (Zoom, Microsoft Teams)	
<input type="checkbox"/> How to register a business	
<input type="checkbox"/> Where to register a business	

For Trade Skills:

Certification of Qualification

Please specify: _____

Industry Specific Training

Please specify: _____

Employment Profile

Please tell us about your most recent employment:

Employer:	Type of Employment:
Position Title:	Salary:
<i>Do you give Shooniyaa Wa-Biitong permission to contact your previous employer?</i>	Name of Supervisor:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number:	Email:
<i>What skills have you obtained from your previous employment that could be transferred to your small business?</i>	
<hr/> <hr/> <hr/>	

Shooniyaa Wa-Biitong

Self-Employment Program Application

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Interest in Self-Employment

Please select the top 3 reasons why you are interested in beginning a small business:

<input type="checkbox"/> Self-Management / Being my own boss	<input type="checkbox"/> Running a family business
<input type="checkbox"/> Independence	<input type="checkbox"/> Earning a suitable income
<input type="checkbox"/> Flexible Work Hours / The option to work irregular hours	<input type="checkbox"/> Flexibility with family care while working
<input type="checkbox"/> Working from Home	<input type="checkbox"/> Getting off OW or EI
<input type="checkbox"/> Pursuing a passion / Working on something you enjoy	<input type="checkbox"/> Other: _____

Start-Up Progress

What steps have you taken towards becoming self-employed? (check all that apply)

<input type="checkbox"/> Self-Assessment	<input type="checkbox"/> Researching business taxes
<input type="checkbox"/> Research Industry and Funding	<input type="checkbox"/> Opening a business bank account
<input type="checkbox"/> Choosing a business structure	<input type="checkbox"/> Selecting a business location
<input type="checkbox"/> Planning Finances	<input type="checkbox"/> Preparing any team members (if applicable)
<input type="checkbox"/> Planning the Business	<input type="checkbox"/> Promotion and marketing
<input type="checkbox"/> Choosing and registering the business name	<input type="checkbox"/> Starting services
<input type="checkbox"/> Obtaining licenses, BCR, permits, and insurance	<input type="checkbox"/> Evaluated and revised business plan
<input type="checkbox"/> Selecting an accounting system	<input type="checkbox"/> Planning for future business growth

Describe any barriers you have faced while starting your business:

Driver's License and Transportation

Do you have a driver's license? Yes No If yes, what class? G1 (Permit) G2 G (Full license)

Does your business require another type of license for motor vehicles? Yes No

If yes, please specify: Have you obtained this additional license?
 Yes No

If no, please indicate what steps will be taken to obtain the required license:

Do you have reliable transportation to attend training and workshops? Yes No

Shooniyaa Wa-Biitong

Self-Employment Program Application

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Previous Business Information			
Have you ever owned a business before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please fill out the following questions if you have previously owned a business.</i>			
Is your business still running?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>If no, when did it close?</i>		____ / ____ / ____ D D / M M / Y Y	
<i>If yes, are you applying to support the same business?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
How long has your business been in operation?		____ / ____ to ____ / ____ M M / Y Y M M / Y Y	

Current Business Information / Proposal			
What industry is your business in?	North American Industry Classification System Code (NAICS)		
What type of business are you planning?	What phase of business planning are you in? <input type="checkbox"/> Idea and Self-Assessment <input type="checkbox"/> Business and Financial Planning <input type="checkbox"/> Ready to Apply for Financing <input type="checkbox"/> Ready to Start Operations <input type="checkbox"/> Within the First 12 Months of Operations		
Have you researched funding options for your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you chosen which funding option you plan on applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, please list the funding option:</i>			
Have you met with the funder to determine what is needed to apply for funding?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Who will operate and manage the business? <hr/> <hr/>			
Where will the business be located? <input type="checkbox"/> Physical Location <input type="checkbox"/> Online <input type="checkbox"/> Mobile <input type="checkbox"/> Hybrid			
<i>Specify if the business is a hybrid model or has a physical location:</i> _____			
What products/services will the business offer? <hr/> <hr/>			

Shooniyaa Wa-Biitong

Self-Employment Program Application

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How will you sell your product(s) and/or service(s)?

Who is your customer base (who will buy your products and services)?

Who is your local competition?

Who is your competition in the Treaty #3 Area?

How will you finance your business? (Please highlight any potential funding sources)

What is the estimated start-up cost of your business?

Do you have 10-15% of your start-up costs saved as equity for your business?

Yes No

If no, do you have a plan to acquire this funding?

Yes No

Will your business create jobs in the Treaty #3 Area?

Yes No

If yes, estimate the number of full- and part-time jobs you will create by the end of your first year in business

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Self-Employment Program Application

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When is your planned launch date?	____ / ____ / ____ D D / M M / Y Y
How did you determine that date?	<hr/> <hr/> <hr/>
What does a successful business look like to you?	<hr/> <hr/> <hr/>
<p>There are often delays with planning and financing for personal businesses; these can come from issues with funding, supplies, renovations, equipment, etc.</p> <p>What is your plan if your start-up date is delayed?</p> <hr/> <hr/> <hr/>	

Please attach a copy of your most recent resume

Client Signature	Program Officer Signature
Date	Date

<i>For Official Use Only:</i>			
Date Received:		Date Assessed:	
Approval Status:		Conditions (If Any):	