

Barren Lands - Bunibonibee - Fox Lake - Gods Lake - Northlands  
Savisi Dene - War Lake - York Landing

**WORK HISTORY:**  
**Present Employment**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

How Long: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_

**Last Place of Employment**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

How Long: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_

**ACADEMIC BACKGROUND:**

Highest Grade Completed: \_\_\_\_\_ Year \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

(Province) \_\_\_\_\_

(Postal Code) \_\_\_\_\_

Last Post-Secondary Attended: \_\_\_\_\_ Completed ☐ Yes ☐ No

Sponsored Name: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Other Educational Institutions Attended:

NAME	PROGRAM	YEAR	SPONSORED NAME
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE ATTACHED LATEST TRANSCRIPTS****APPLICATION:****I hereby make application for assistance to attend:**

Program of studies or course: _____	Start Date: _____ / _____ / _____ d m y	# of Weeks _____
Name of Institution: _____	End Date: _____ / _____ / _____ d m y	# of Months _____
Address of Institution: _____	Grad date: _____ / _____ / _____ d m y	

*Barren Lands - Bunibonibee - Fox Lake - Gods Lake - Northlands  
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Letter of acceptance must be attached! Please state reason if not AND when can you provide one:

**Additional Comments:**

THE PERSONAL INFORMATION COLLECTED ON THIS FORM MAY BE ACCESSED BY THE PARTICIPANT AND HRDC. THE INFORMATION IS HELD BY THE APPROPRIATE BOARD OF WHICH THE PARTICIPANT IS THE MEMBER OF THE FIRST NATIONS OF MANITOBA

Signature of Participant

Date

**This Section for Office Use Only**

Current Fiscal Year:		Future Fiscal Year:	
Apr	Oct	Apr	Oct
May	Nov	May	Nov
June	Dec	June	Dec
July	Jan	July	Jan
Aug	Feb	Aug	Feb
Sept	Mar	Sept	Mar
	<b>Total Current Year:</b>		<b>Total Future Year</b>
	\$		\$

Training Costs:		Allowances:	
Public	\$	Basic	\$
Non Public	\$	Dependent Care	\$
Tuition/Other Course Costs	\$	Living Away	\$
Books/Supplies	\$	Top Ups	\$
Equipment	\$		
Trainee Travel	\$		
Total	\$	Total	\$

**Approval**

Employer/Coordinator

Local Board

Signature:

Date:

Signature:

Date:

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## **KEEWATIN TRIBAL COUNCIL: POST SECONDARY STUDENTS**

### **IMPORTANT INFORMATION: PLEASE READ**

Under the Aboriginal Human Resources Development Strategy (AHRDS) agreement between Human Resources Development Canada and the Manitoba Keewatinowik Okimakanak Inc. Local Area Management Board's (LAMB's) are able to refer First Nation members to training and to authorize eligible clients to draw their EI benefits while on training.

To be eligible for benefits, most people will need between 420 and 700 hours of work within the last 52 weeks, or since the start of their last claim, depending on the unemployment rate in their region.

If you are entering the work force for the first time or re-entering the work force after an absence of two years, you will require more hours of insurable unemployment to qualify. You will need a minimum of 910 hours of work.

EI benefits are often higher than our current Post Secondary rates; therefore, we would like to encourage possible participants to take advantage of this opportunity. In instances where benefits are not equivalent to Post Secondary rates, Keewatin Tribal Council can top-up the EI benefits accordingly through the Post Secondary Support Program.

To assist in determining whether you should pursue this avenue, please answer the following:

- |   | Yes | No  |
|---|-----|-----|
| 1. Are you currently employed?              | [ ] | [ ] |
| 2. Are you currently drawing EI benefits?   | [ ] | [ ] |
| 3. Have you been on EI in the last 3 years? | [ ] | [ ] |

Please note it is imperative for the LAMB's to submit a form to HRDC advising them that you have been referred to a training program prior to leaving your employment in order to qualify for benefits. Also, you cannot leave your employment sooner than two weeks before your training program is scheduled to begin.

If you have answered yes to Question 1, 2, or 3, please complete the next page (over).

SOCIAL INSURANCE NUMBER

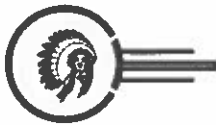
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SIGNATURE:

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DATE:

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## PARTICIPANT INFORMATION FORM

File Number (Source of Funding):

CRF# 010135986

EI # 010135994

Responsibility Centre (RC):

## CLIENT IDENTIFICATION

Last Name	First Name	Middle Name(s)/Initials
Maiden Name (if applicable)	Date of Birth (YYYY-MM-DD)	Social Insurance Number (SIN)

## GENDER

☐ Male ☐ Female ☐ Unspecified

## CONTACT INFORMATION

Apartment/Unit # (if applicable)	Street Address or Box Number	
City/Town/Community	Province	Postal Code
Telephone Number (including Area Code)	Other Number for Messages	Email Address

## SOURCE OF INCOME

*Social Assistance Recipient* (Provincial OR First Nation): ☐ No ☐ Yes

*EI Claimant*

☐ Employment Insurance Claimant → Gross Weekly Rate: \$ \_\_\_\_\_ Number of Weeks Entitled: \_\_\_\_\_

☐ Reach-Back\* Client/Former Client (\*On EI Regular Benefits in the last 3 years OR on Special Benefits (Maternity and Parental) in the last 5 years)

☐ Non-Insured Client

*Other (please specify):* \_\_\_\_\_

## LANGUAGES SPOKEN

☐ English Only ☐ French Only ☐ English and French ☐ Aboriginal Language(s) Only ☐ Aboriginal Language(s) and English ☐ Aboriginal Language(s) and French ☐ Aboriginal Language(s), English and French ☐ None of the Above

Specify: \_\_\_\_\_

## ABORIGINAL GROUP

☐ Registered (status) Indian → ☐ Non-status Indian ☐ Métis ☐ Inuit

Treaty # \_\_\_\_\_ Band Name \_\_\_\_\_ Band Province \_\_\_\_\_

## DISABILITY:

☐ No ☐ Yes (Specify): \_\_\_\_\_

## MARITAL STATUS

☐ Married or Equivalent ☐ Single ☐ Divorced ☐ Widowed ☐ Separated

## NUMBER OF DEPENDANT CHILDREN

*DEPENDENT CHILDREN:*

☐ No ☐ Yes → \_\_\_\_\_ Under 18 Years

*NUMBER OF DEPENDENT CHILDREN:*

CHILDRENE NEED: (Is childcare required for this Action Plan?)

☐ No ☐ Yes

CHILDRENE FUNDED: (Choose type of support, if applicable)

CASE MANAGER: \_\_\_\_\_

CLIENT SIN: \_\_\_\_\_

- ☐ Not Applicable
- ☐ FNICCI
- ☐ EI/CRF
- ☐ Provincial Funding or Subsidy
- ☐ No Funding Received
- ☐ Daycare Space Not Available
- ☐ Assisted by Family/Self-Funded

**BARRIERS TO EMPLOYMENT: (CHOOSE ALL THAT APPLY)**

- ☐ None
- ☐ Lack of Labour Force Attachment
- ☐ Lack of Work Experience
- ☐ Lack of Transportation
- ☐ Remoteness
- ☐ Language
- ☐ Education
- ☐ Economic
- ☐ Dependant Care
- ☐ Lack of Marketable Skills
- ☐ Physical, Emotional or Mental Health
- ☐ Other Barrier Not Listed Above

Specify: \_\_\_\_\_

**EDUCATION LEVEL**

Highest level of education attained

- ☐ No Formal Education
- ☐ Up to Grade 7 – 8 (Secondary I = Grade 8)
- ☐ Grade 9 – 10 (Secondary II – III)
- ☐ Grade 11 – 12 (Secondary IV – V)
- ☐ Secondary School Diploma or GED
- ☐ Some Post-Secondary Training
- ☐ Apprenticeship or Trades Certificate or Diploma
- ☐ College, CEGEP, or Other Non-University Certificate or Diploma
- ☐ University Certificate or Diploma
- ☐ University – Bachelors Degree
- ☐ University – Masters Degree
- ☐ University – Doctorate

Province/Territory in which highest level of education was attained: \_\_\_\_\_

**MOST RECENT WORK EXPERIENCE**

Name of Current/Former Employer	Dates of Employment (From/To)
Employer Address	Name of Supervisor and/or Contact #
Job Title	Reason for Leaving

**OTHER WORK EXPERIENCE**

Job Title	Reason for Leaving
Job Title	Reason for Leaving
Job Title	Reason for Leaving

**PARTICIPANT CONSENT TO RELEASE INFORMATION**

I, \_\_\_\_\_ the undersigned, give my consent for \_\_\_\_\_ to \_\_\_\_\_  
 (Name of client) (Name of Agreement and/or Sub-Agreement Holder)  
 release the information contained in this form regarding my participation in an ASETS/SPF program to HRSDC/Service Canada and "Name of Agreement Holder". I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that it may be used to determine my eligibility for the ASETS/SPF program and provided to HRSDC/Service Canada for the evaluation and accountability of the ASETS/SPF program.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

**CASE MANAGER:** \_\_\_\_\_

**CLIENT SIN:** \_\_\_\_-\_\_\_\_-\_\_\_\_

**FOR OFFICE USE ONLY: (FOR CASE MANAGER(S) ONLY)**

CLIENT NAME: \_\_\_\_\_ SIN: \_\_\_\_\_

**EMPLOYABILITY DIMENSION:**

- ☐ Employability Dimension – Career Decision-Making  
☐ Employability Dimension – Job Search  
☐ Employability Dimension – Skills Enhancement  
☐ Employability Dimension – Employment Maintenance

ACTION PLAN START DATE: \_\_\_\_\_ (YYYY-MM-DD)

ACTION PLAN RESULT DATE: \_\_\_\_\_ (YYYY-MM-DD)

**ACTION PLAN RESULT:**

- ☐ Unemployed but Available for Work  
☐ Employed  
☐ Self-Employed  
☐ Returned to School  
☐ Unspecified – Client could not be reached  
☐ No Longer in Labour Force

**ACTION PLAN CHILDCARE NEED:** (Is childcare required for this Action Plan?)

- ☐ No  
☐ Yes

**ACTION PLAN CHILDCARE FUNDED:** (Choose type of support, if applicable)

- ☐ Not Applicable  
☐ FNICCI  
☐ EI/CRF  
☐ Provincial Funding or Subsidy  
☐ No Funding Received  
☐ Daycare Space Not Available  
☐ Assisted by Family/Self-Funded

ACTION PLAN COST: \$ \_\_\_\_\_ (Cost of Training and Supports)

**INTERVENTION TYPE**(Choose all that apply – For definitions, please see *"Interventions Defined for the Aboriginal Skills and Employment Training Strategy (ASETS)"* Guide):

*"The definition of an intervention: An action plan activity, within a specific timeframe, developed by a client and a case-manager/counsellor intended to assist a client to improve employability in order to prepare for, obtain, and/or maintain employment."*

- ☐ Career Research and Exploration  
☐ Diagnostic Assessment  
☐ Employment Counselling  
☐ Occupational Skills Training – Apprenticeship  
☐ Occupational Skills Training – Certificate  
☐ Occupational Skills Training – Degree  
☐ Occupational Skills Training – Diploma  
☐ Occupational Skills Training – Industry Recognized  
☐ Self-Employment  
☐ Skills Development – Academic Upgrading  
☐ Skills Development – Essential Skills  
☐ Work Experience – Job Creation Partnerships  
☐ Work Experience – Student Employment  
☐ Work Experience – Wage Subsidy  
☐ Employer Referral  
☐ Job Search Preparation Strategies  
☐ Job Starts Supports  
☐ Employment Retention Supports  
☐ Referral to Agencies

INTERVENTION START DATE: \_\_\_\_\_ (YYYY-MM-DD)

INTERVENTION END DATE: \_\_\_\_\_ (YYYY-MM-DD)

INTERVENTION DURATION: \_\_\_\_\_ (Total Number of Days)

INTERVENTION COST: \$ \_\_\_\_\_ (Total Budgeted Costs of the Intervention)

INTERVENTION RELATED NOC: \_\_\_\_\_ (National Occupation Code – Maximum 4 Digits)

**INTERVENTION RESULT:**

- ☐ In progress  
☐ Completed  
☐ Incomplete  
☐ Cancelled  
☐ Failed to Report  
☐ Rescheduled

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ INITIAL INPUT IN CONTACT IV  
☐ RESULTS INPUT IN CONTACT IV

DATE: \_\_\_\_\_  
DATE: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_

CLIENT SIN: \_\_\_\_\_