

**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**  
P.O. Box 56, Sioux Lookout, Ontario P8T 1A1, Tel (807)-737-4047, Toll free 1-800-563-2183  
**INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM**

**PROGRAM FOR THE DISABLED FORM**

In order for the Sioux Lookout Area Aboriginal Management Board to determine your eligibility to participate in the above-noted program, please complete this form to the best of your ability. Providing inaccurate and/or missing information may delay the start date.

CRF \_\_\_\_\_ EI Part 2 \_\_\_\_\_ File #: \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**SIN #:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
(9 digits) (dd/mm/yy)

**Band Name:** \_\_\_\_\_

**Band # (10 digits):** \_\_\_\_\_

1. **Do you have a long-term disability?** Yes  No  Unsure

(Check all that apply)

- \_\_\_\_\_ Hearing
- \_\_\_\_\_ Speaking
- \_\_\_\_\_ Seeing
- \_\_\_\_\_ Mobility / Agility
- \_\_\_\_\_ Mental / Psychological
- \_\_\_\_\_ Attention Disorder
- \_\_\_\_\_ Learning Disabilities
- \_\_\_\_\_ Developmentally Delayed
- \_\_\_\_\_ Chronic Heart Condition
- \_\_\_\_\_ Arthritis / Rheumatoid Arthritis
- \_\_\_\_\_ Fetal Alcohol Syndrome (FAS)
- \_\_\_\_\_ Fetal Alcohol Effects (FAE)
- \_\_\_\_\_ Epilepsy
- \_\_\_\_\_ Diabetes with complications – Specify: \_\_\_\_\_

2. **What employment barriers (obstacles) do you feel you may have?**

Please specify:

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

By signing the declaration, I am verifying the above conditions and barriers relating to my participation in the program is correct and to the best of my knowledge and wish them to be held on confidentiality with the SLAAMB office.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Project Officer** \_\_\_\_\_ **Date:** \_\_\_\_\_