

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

PARTICIPANT INFORMATION FORM

The Board undertakes follow-up surveys to determine whether program support proves beneficial. In order to conduct such surveys, information is required. As private sector research firms are often engaged to do these surveys, some or all of the information you provide may be passed to them for this purpose. We try to alert you in advance that this is being done.

The file number may be obtained from the employer/coordinator.

File Number		
Social Insurance Number		
Last Name		First Name
Area Code	Telephone Number	Fax Number
Address	Number & Street/Rural Route	
City or Town	Province	Postal Code
Mailing or Temp. Address	Number & Street/Rural Route	
City or Town	Province	Postal Code

The information requested below must be filled out entirely in order for SLAAMB to gather the necessary statistical information required for reporting to HRDC. Failure to provide information accurately could delay the start of your participation in the program.

Date of Birth	Day	Month	Year	Male Female
				() ()
Are you: Status () Non Status () Metis () Inuit () Non Native ()				
Home Reserve	Band Number			
Do you consider yourself to be a person with disability? Yes () No () If yes, explain on reverse				
Most Recent Occupation	Training Occupation			
Normal Weekly Hours	Normal Weekly Wages	Income Type EI () SA () Other ()	Income Amount	

Account for status during the last 12 months by indicating the number of months in each activity listed:

Employed Full-Time	Part-time	Self Employed	Un-Employed	In School/ Training	Home Making	Other	Total
							12

Before this job loss, did you work steadily for the last five (5) years? Yes () No ()							
"Worked Steadily" means that you worked continuously for 5 years previous to the date of your job loss. This may include short periods of unemployment. (Normally less than 3 months.) If you were laid off for seasonal reasons during this period, you are still considered to have worked steadily.							
Previous SLAAMB Activity?							
Previous Sponsor?							
Previous Position?							
Does your spouse receive an income? Yes () No ()	Spouses income amount:	Number of Dependents			Number of Dependents requiring care		
Highest Level of Education:		Level of work experience: None () Student () less than 5 years () greater than 5 years () Returning to work force ().					
Received EI Benefits in past 3 years?				Received EI Benefits in past 5 years?			
Client Start Date		Client End Date			Client total weeks of intervention		

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 SLAAMB office.

Signature of Participant	Date
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