

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

Participant Information Form (PIF)

Social Insurance Number		File Number		CRF _____	EI _____
Last Name		Middle Initial		First Name	
Address	Street Number/Rural Route				
City or Town			Province		Postal Code
Phone:		Cell:		Email:	

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

Date of Birth	Day	Month	Year	Male	Female	Unspecified
				()	()	()
Marital Status: Single () Married () Common Law () Separated () Divorced () Widowed ()				Language: Aboriginal only () English only () Aboriginal & English () Other _____		
Band:				Band Number (10 digits)		
Do you consider yourself to be a person with disability? Yes () No () If yes, explain on reverse						
Most Recent Occupation				Career Goals		
Normal Weekly Hours	Normal Weekly Wages		Income Type: EI () OW () 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 Seasonal	Self-Employed	In School and/or Training	Other (please specify)	= 12 months

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.

TRADES and TRAINING:

Trade	Level/Red Seal	Specialization	Years of Experience

CERTIFICATES: (i.e. First Aid/WHMIS, Fall Arrest, Chainsaw, Customer Service/Food Safety, etc.)

Certification	Level	Registrar	Expiry Date
1.			
2.			

LICENCES

Class	Number	Province	Expiry Date

Do you have reliable transportation? Yes _____ No _____

Highest Level of Education: Do you have any employment barriers?

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

PARTICIPANT CONSENT TO RELEASE INFORMATION:

I, _____ the undersigned, give my consent for S.L.A.A.M.B. to release the information contained in this form regarding my participation in an INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM (ISETP) program to ESDC/Service Canada. I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that this is may be used to determine my eligibility for the ISETP program and provided to ESDC/Service Canada for the evaluation and accountability of the ISETP.

Signature of Participant	Date