

**Stó:Lō Aboriginal Skills & Employment Training(SASET)**

#5A – 7201 Vedder Road Chilliwack, BC V2R 4G5

Tel: 604-858-3691 Fax: 604-858-3528

PARTICIPANT INFORMATION FORMOffice Use Only: Original to SASET
 Entered on ARMSDate entered on ARMS:
Client ARMS ID:
Action Plan Start Date:**SASET Office Use Only**

Sponsor:

File #:

ARMS Office #:

File Number (Source of Funding): CRF # 016491623 EI # 016492126

SASET, as an Indigenous Skills & Employment Training Contribution Agreement holder, is responsible to collect information regarding participants of employment and training programs and services. This information will be shared with Service Canada (SC). The information collected in the form will therefore be used by SASET and SC to determine accurate support levels through surveys and EI statistics. Under the Freedom of Information and Protection of Privacy Act, you may access the personal information collected on this form. The information is held at SASET and the Personal Information Bank of SC. Consult the Personal Information Index at any SC office to access it or contact SASET if you would like to review your file information.

CLIENT PROFILE:

SIN:		Disability:	<input type="checkbox"/> developmental	<input type="checkbox"/> learning
First Name:	Initial:		<input type="checkbox"/> Mental Health	<input type="checkbox"/> physical
Last Name:			<input type="checkbox"/> combination	<input type="checkbox"/> speech
			<input type="checkbox"/> hearing	<input type="checkbox"/> visual
			<input type="checkbox"/> addictions	<input type="checkbox"/> Intellectual
			<input type="checkbox"/> other:	
Birthdate:		Marital Status:	<input type="checkbox"/> married or equivalent	<input type="checkbox"/> single
Month	Day	Year	<input type="checkbox"/> single parent	<input type="checkbox"/> divorced
			<input type="checkbox"/> widowed	<input type="checkbox"/> separated
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		# of Dependents:	

Indigenous:

Indigenous Group:	<input type="checkbox"/> Status <input type="checkbox"/> Non-status <input type="checkbox"/> Inuit <input type="checkbox"/> Metis	Band Registered to:
Status/Treaty #:		Reserve Status:
		<input type="checkbox"/> Off-Reserve
		<input type="checkbox"/> On-Reserve: _____
		Name of First Nation

LANGUAGES:

Preferred Language:	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	Secondary Language:	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other
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HIGHEST LEVEL OF EDUCATION ATTAINED:

Primary/Secondary Grade Completed:	Year Attained:
Post-Secondary Completed:	Year Attained:

CURRENT CONTACT INFORMATION:

Primary Telephone #:	Email Address:
Alternate Telephone #:	Other: (i.e. Facebook Private Messenger)
Mailing Address:	Residential Address (If Different):
Street/PO Box:	Street:
City/Town:	City/Town:
Province:	Province:
Postal Code:	Postal Code:

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CLIENT DETAILS:**Education Level:**

- No formal education
 Up to Grade 7-8
 Up to Grade 9-10
 Up to Grade 11-12
 Secondary School Diploma or GED
 Some Post-secondary training
- Apprenticeship, or trades certificate or diploma
 College, CEGEP, other non-university certificate or diploma
 University certificate or diploma
 University - Bachelor's Degree
 University - Master's Degree
 University – Doctorate

Income Assistance Recipient: No Yes

Employment Insurance Claimant:

- Employment Insurance Claimant (currently receiving EI)
 Reach-Back* Client/Former Client (have you received EI in the last 36 months or maternity/paternity benefits in the last 5 years)
 Non-Insured Client

Childcare required for Action Plan: No Yes

Financial support allocated to childcare:

- Not Applicable
 First Nation & Inuit Child Care Initiative FNICCI
 EI/CRF
- Provincial Funding or Subsidy
 No Funding Received
- Daycare Space Not Available
 Assisted by Family/Self-Funded

Transportation: own vehicle other:

Driver's License: No Yes - Class:

Are you legally entitled to work in Canada?
 No Yes

Are you a Canadian Citizen?
 No Yes

Are you currently employed?
 No Yes

If yes, are you working:

- part time full time casual on-call
 seasonal

Total # hours/week:

What kind of work are you looking for? (Job title)

NOC:

CHALLENGES TO GAINING EMPLOYMENT:

- None
 Lack of labour force attachment
 Lack of work experience
 Lack of transportation
 Remoteness
 Language
- Education
 Economic
 Dependent care
 Lack of Marketable skills
 Physical, emotional, or mental health
 Other barriers not listed

I have read and understand the above statements regarding information collected on this form. I understand the authority under which this information is collected. I also understand that if any information provided on this form is false or incomplete, my application may be rejected. If the information is found to be false or incomplete after I have entered a program, I could be dismissed from the program. I will **not** hold SASET, Sto:lo Nation or Service Canada for any claims for damage or injury that may be caused or sustained on/ in transit to and from, the training premises during the period of training.

Participant Signature _____

Date (DD-MM-YYYY) _____