



CROSS LAKE BAND OF INDIANS

BOX 10, CROSS LAKE, MANITOBA R0B 0J0 PHONE (204) 676-2218

FAX (204) 676-2117 MAIN

FAX (204) 676-3155 CHIEF & COUNCIL

EMPLOYMENT AND TRAINING INC. PARTICIPANT INFORMATION FORM

1. SOCIAL INSURANCE NUMBER:		2. TREATY NUMBER	
3. SURNAME/FAMILY NAME:		4. GIVEN NAMES AND INITIALS	
5. TELEPHONE NUMBER:		6. OTHER NUMBER FOR MESSAGES	
7. HOME/MAILING ADDRESS:		CITY, TOWN OR FIRST NATION:	
PROVINCE	POSTAL CODE	8. NAME OF FIRST NATION ORIGIN	
9. MARTIAL STATUS	10. EDUCATION	COMPLETED <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/>	11. NO OF DEPENDANTS
12. LANGUAGE <input type="checkbox"/> OTHER <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	13. DATE OF BIRTH:		14. GENDER/SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
15. PERSON WITH DISABILITY: <input type="checkbox"/> YES <input type="checkbox"/> NO	16. INTERVENTION TITLE: ABORIGINAL		17. START DATE DAY/MONTH/YEAR
18. INTERVENTION END DATE:		19. OUTCOME <input type="checkbox"/> COMPLETED <input type="checkbox"/> ABANDONED/INCOMPLETE	
20. RESULT: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> RETURNED TO SCHOOL	21. DATE OF INTERVENTION RESULT ACHIEVED:		22. OTHER TRAINING TAKEN: FROM: TO:
DURING THE LAST 12 MONTHS, IF YOU WERE EMPLOYED, PLEASE ANSWER THE FOLLOWING QUESTIONS.			
<i>(PROVIDE AT LEAST TWO WORDS TO DESCRIBE IT)</i>			
23. OCCUPATION OF YOUR CURRENT OR LAST JOB:			
24. YOUR NORMAL WEEKLY HOURS OF WORK	/HOURS PER WEEK	25. NORMAL WEEKLY GROSS WAGE:	/PER WEEK
THE FOLLOWING QUESTIONS RELATE TO YOUR PARTICIPATION AND SOURCE OF FUNDING UNDER MANITOBA FIRST NATIONS TRAINING AND EMPLOYMENT			
26. YOUR START DATE ON THIS TRAINING PROGRAM:		27. YOUR END DATE OF THIS TRAINING:	
28. TITLE OF THE SKILL OR OCCUPATION YOU ARE BEING TRAINED FOR?			
29. IMMEDIATELY PRIOR TO YOUR PARTICIPATION, WERE YOU		IN RECEIPT OF PROVINCIAL SOCIAL ASSISTANCE? YES NO	
		IN RECEIPT OF CITY/MUNICIPAL SOCIAL ASSISTANCE? YES NO	
		IN RECEIPT OF FIRST NATIONS SOCIAL ASSISTANCE? YES NO	
30. ACCOUNT FOR YOUR STATUS DURING THE LAST 12 MONTHS BY INDICATING THE NUMBER OF MONTHS EMPLOYED IN EACH ACTIVITY LISTED:			
FT <input type="checkbox"/>	PT <input type="checkbox"/>	SELF-EMP <input type="checkbox"/>	UNEMP. <input type="checkbox"/>
SCHOOL <input type="checkbox"/>	TRNG <input type="checkbox"/>	HOMEMAKER <input type="checkbox"/>	OTHER <input type="checkbox"/>
			12 MTHS
31. IN RECEIPT OR ELIGIBLE FOR EI BENEFITS WHEN YOU STARTED THIS PROGRAM. YES <input type="checkbox"/> NO <input type="checkbox"/>		32. IF YES, GROSS WEEKLY RATE: \$	
33. NUMBER OF WEEKS ENTITLED:	34. BENEFIT PERIOD: STARTED:	35. BENEFIT PERIOD: ENDING:	36. PARTICIPANT ELIGIBLE FOR LAMB SPONSORSHIP TRAINING: YES <input type="checkbox"/> NO <input type="checkbox"/>
37. HAVE YOU BEEN ON E.I. IN THE LAST 3 YEARS ON MATERNITY LEAVE ADOPTING IN THE LAST 5 YEARS YES <input type="checkbox"/> NO <input type="checkbox"/>		38. MEMBER OF OTHER FIRST NATION OUTSIDE MANITOBA? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: PROV/TERRITORY:	
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		PRINT NAME	
		DATE:	