**Participant Information Form - English**

The following information is required by NWAC for funding purposes. All clients must complete this and forward to the NWAC ISET Coordinator in their region. All client information must be provided prior to commencement of any intervention. This information is highly confidential and will be utilized to determine eligibility for the ISET program.

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| **PERSONAL INFORMATION** | | | | |
| Social Insurance Number (SIN):  Click or tap here to enter text. | | Title: Ms. Mrs. Miss | | |
| Last Name:  Click or tap here to enter text. | | First Name:  Click or tap here to enter text. | | |
| Middle Name(s)/Initials:  Click or tap here to enter text. | | Common Name: *(if applicable):*  Click or tap here to enter text. | | |
| Gender: Female Gender Diverse | | Date of Birth: YYYY/MM/DD  \_\_Click or tap here to enter text. | | |
| Aboriginal Group: Registered Indian Non-status Indian Métis Inuit | | | | |
| Treaty/Status/Métis Number:  Click or tap here to enter text. | | Home Community:  Click or tap here to enter text. | | |
| Citizenship:  Click or tap here to enter text. | | Preferred Language:  Click or tap here to enter text. | | |
| Marital Status: Married or equivalent Single Separated Divorced Widowed  *If married or equivalent, spouse’s name:* Click or tap here to enter text. | | | | |
| Dependent Children: No Yes  P*lease list ages of children:*Click or tap here to enter text. | | | | |
| Do you consider yourself to have a disability? No Yes, please specify: | | | | |
| Other than Aboriginal do you belong to a visible minority group?  No Yes | | Are you a currently a Social Assistance recipient?  No Yes | | |
| Labour Force Attachment: Unemployed Student Employed Full-time Employed Part-time  Self-Employed Underemployed Other: | | | | |
| **CONTACT INFORMATION** | | | | |
| Apt. or Box #:  Click or tap here to enter text. | | Street Address:  Click or tap here to enter text. | | |
| City/Province:  Click or tap here to enter text. | | Postal Code:  Click or tap here to enter text. | | |
| Other Address: Mailing Address Other Address,specify: Click or tap here to enter text. | | | | |
| Home Phone:Click or tap here to enter text. | | Cell Phone:Click or tap here to enter text. | | |
| Alternate Phone:  Click or tap here to enter text. | | Email:  Click or tap here to enter text. | | |
| Emergency Contact Name: Click or tap here to enter text. Phone #: Click or tap here to enter text. Relationship:Click or tap here to enter text. | | | | |
| **BUDGET** | | | | |
| Are you currently receiving any other funding sources (Band funding, student loans, etc.)?  No Yes, what program? Click or tap here to enter text. | | | | |
| If married or equivalent, does your spouse have a monthly income?  No Yes, amount? $Click or tap here to enter text. | | | | |
| Please list any other sources of income: | | | | |
| **Source** | **Description** | | **Amount** | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | |
| Have you ever received funds from an NWAC Program?  No Yes, what program? Click or tap here to enter text. | | | | |
| **EDUCATION LEVEL** | | | |
| Education: (Choose all that apply)  No formal education  Up to Grade 7-8 (Secondaire I-II ) - Year completed:\_\_\_\_Click or tap here to enter text.\_\_\_\_  Grade 9-10 (Secondaire. III) - Year completed:\_\_Click or tap here to enter text.\_\_\_\_\_\_  Grade 11-12 (Secondaire IV-V) - Year completed:\_Click or tap here to enter text.\_\_\_\_\_\_\_  Secondary School Diploma or GED - Year completed:\_\_Click or tap here to enter text.\_\_\_\_\_\_  Some post-secondary training - Year completed: Click or tap here to enter text.\_\_\_\_\_\_\_\_  Apprenticeship/ trades certificate or diploma - Year completed:\_\_\_Click or tap here to enter text.\_\_\_\_\_  College, CEGEP, or other non-university certificate or diploma - Year completed: Click or tap here to enter text.\_  University certificate or diploma - Year completed:\_\_Click or tap here to enter text.\_\_\_\_\_\_  University - Bachelor Degree - Year completed:\_Click or tap here to enter text.\_\_\_\_\_\_\_  University - Masters degree - Year completed:\_Click or tap here to enter text.\_\_\_\_\_\_\_  University – Doctorate - Year completed:\_\_\_Click or tap here to enter text.\_\_\_\_\_  **Province/Territory in which highest level of education & year attained:** Click or tap here to enter text. | | | |

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| **EMPLOYMENT GOALS** |
| What are your short-term employment goals?  Click or tap here to enter text. |
| What are your long-term employment goals?  Click or tap here to enter text. |
| Are there employment opportunities in your area that match with your employment goals? Yes  No |
| Have your researched the career field you are interested in to know what is required? Yes No |
| What is your current employment barrier(s)? What do you think is stopping you from having a job now?  Click or tap here to enter text. |
| What is required to reach your employment goals? List what you need to do to make your goals a reality.  Click or tap here to enter text. |
| If you have already identified a training program or employer please list the details (e.g. institution/employer, length of training, start date/end date, expected outcome). *Please attach your acceptance letter.*  Click or tap here to enter text. |
| What supports are you looking for? Please list all associated costs (e.g. tuition, books/materials, testing fees etc.).  Click or tap here to enter text. |
| What supports do you currently have that will help you reach your employment goals? Do you have anyone or anything that will motivate you or help you succeed (e.g. family, elder, counsellor, community organization)?  Click or tap here to enter text. |
| Are you willing to relocate, if required for training? No Yes, where? Click or tap here to enter text.  Are you willing to relocate, if required for employment?No Yes, where?Click or tap here to enter text. |
| Childcare need: *(Is childcare being requested)* No Yes |
| Childcare Funded: Not applicable  EI/CRF Provincial funding/subsidy  *(Support currently received)*  FNICCI No funding received Daycare not available  Assisted by family  Self-funded |
| **PARTICIPANT CONSENT TO RELEASE INFORMATION** |
| I, \_\_\_\_\_Click or tap here to enter text.\_ , the undersigned give my consent for the Native Women’s Association of  (Client Name)  Canada to release the information contained in this form regarding my participation in an ISET program to ESDC. I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that may be used to determine my eligibility for the ISET program and provided to ESDC for the evaluation and accountability of the ISET program. I give my consent for the ISET Coordinator to contact other service/funding providers regarding my application and other sources of income.  \_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_­­ \_\_\_\_\_Click or tap here to enter text.\_\_\_  Participant Signature Date |

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| **Referral No Yes, referred by:** Click or tap here to enter text.  **Phone #:**Click or tap here to enter text. |