



# KAGITA MIKAM REGISTRATION FORM

This information is collected and used by the service providers for statistical purposes related to employment & training. This information is administered with the Access to Information Act and under Canada's Privacy Act and applicable to privacy laws, and/or applicable provincial laws.

Intake Date: \_\_\_\_\_ E.O./E.D.O. \_\_\_\_\_

## **PART A - CLIENT INFORMATION & REGISTRATION**

### **PROFILE**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Social Insurance # \_\_\_\_\_ D.O.B. \_\_\_\_\_ ☐ MALE  
Month/Day/Year ☐ FEMALE

Mailing Address: \_\_\_\_\_ Residential Address: (if different) \_\_\_\_\_

Street / PO Box \_\_\_\_\_ Street / PO Box \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Do you live on Reserve? ☐ Yes ☐ No

Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_

Do you consider yourself a person with a disability? ☐ Yes ☐ No

**ABORIGINAL GROUP**

☐ Registered Indian      ☐ Non-Status Indian      ☐ Metis      ☐ Inuit      ☐ Not Aboriginal

Band # (if applicable) \_\_\_\_\_

First Nation Affiliation: \_\_\_\_\_

**HIGHEST LEVEL OF EDUCATION**

☐ No Formal      ☐ Elementary      ☐ Gr.9-10      ☐ Gr.11-12      ☐ High School Graduate

**POST SECONDARY**

☐ N/A      ☐ Some Post Secondary      ☐ Apprenticeship or Trades Certificate      ☐ College Diploma/Certificate  
☐ University Diploma/Certificate      ☐ Bachelor's Degree      ☐ Master's Degree      ☐ Doctorate

What Province did you receive your education? \_\_\_\_\_

**MARITAL STATUS**

☐ Single      ☐ Married/Equivalent      ☐ Divorced      ☐ Widowed      ☐ Separated      ☐ Single Parent

**SOURCE OF INCOME**

Are you currently in receipt of:

**E.I.?**    ☐ Yes    ☐ No    **OR**    **Social Assistance?**    ☐ Yes    ☐ No    **OR**    **O.D.S.P.?**    ☐ Yes    ☐ No

Have you received E.I. benefits in the last 3 years?    ☐ Yes    ☐ No

Are you currently employed/self employed:    ☐ Full-time    ☐ Part-time    ☐ Casual    **OR**    ☐ No Income

**BARRIERS TO EMPLOYMENT (Check all that apply)**

<input type="checkbox"/> None	<input type="checkbox"/> Remoteness	<input type="checkbox"/> Dependent care
<input type="checkbox"/> Lack of labour force attachment	<input type="checkbox"/> Language	<input type="checkbox"/> Lack of marketable skills
<input type="checkbox"/> Lack of work experience	<input type="checkbox"/> Education	<input type="checkbox"/> Physical, emotional, or mental health
<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Economic	<input type="checkbox"/> Other barrier not listed

Please List: \_\_\_\_\_

## **PART B - APPLICATION FOR FUNDING (Please attach resume)**

What type of financial support are you seeking? (eg. Course costs, Books, Transportation etc.)

Please List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your occupational/career goal(s)? \_\_\_\_\_

Do you have any experience/background in this field? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any diplomas, certificates, trade licences and/or degrees that you have earned.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If funding is limited, are you able to contribute any of your own personal resources toward the cost of this application? ☐ Yes ☐ No

## **PART C - COURSE INFORMATION (if applicable)**

Name of Training Institution \_\_\_\_\_

Course Title \_\_\_\_\_

Hours per week \_\_\_\_\_

Course start date \_\_\_\_\_

Month/Day/Year

Course end date \_\_\_\_\_

Month/Day/Year

Have you been accepted by the training institution? ☐ Yes ☐ No

What options, in addition to institutional training have you considered in order to achieve your goal?  
please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you feel that this training is the best option to achieve your goal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you researched the labour market in relation to employment opportunities in the field in which you wish to pursue skills training? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant name: \_\_\_\_\_

First and Last Name (Please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employment Office \_\_\_\_\_



## CLIENT CONSENT FORM

I, \_\_\_\_\_ understand that the personal information collected  
First and Last Name (Please Print)

and held by ASETS - Kagita Mikam \_\_\_\_\_ will solely be used to help me access  
Office Location  
employment services and benefits designed to help me prepare for, get, and keep employment.

I hereby grant permission for any and all personal information held by ASETS - Kagita Mikam

\_\_\_\_\_ to be disclosed, when required, on an as needed basis, to  
Office Location

representatives of:

- Service Canada and its successor departments and agencies,
- the provincial department of Employment and Social Development Canada and its successor departments and agencies, and
- organizations under contract to either of these departments to provide employment related benefits and services
- other agencies/organizations such as: O.D.S.P., W.S.I.B., O.W.

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I have read this document , or have had this document read to me and fully understand its contents and hereby consent to the collection, disclosure and use of my personal information as described herein. I further understand that my personal information will be used for verifying or confirming my eligibility for assistance or financial benefits.

I Agree to be available for follow-up on the outcome of my program and/or services by a representative of Kagita Mikam.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

E.D.O Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Promotional Consent

I hereby give my permission to Kagita Mikam to publish any photographs or videos taken of me along with a brief written summary as related to my program and/or service solely for promotional purposes.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_