

## **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							
<u>PROFILE</u>							
First Name M.I.	Last Name						
Social Insurance #	D.O.B MALE FEMALE						
Mailing Address:	Residential Address: (if different)						
Street / PO Box	Street / PO Box						
City	City						
Province	Province						
Postal Code	Postal Code						
Primary Telephone Email Address	Alternate Telephone						
Do you live on Reserve?							
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 EDI	<u>JCATION</u>						
☐ No Formal ☐ Ele	mentary Gr.9-10	Gr.11	.12 High S	chool Graduate			
POST SECONDARY							
□ N/A □ Some Pos	st Secondary Apprentic	eship or Trades Cer	tificate	ge Diploma/Certificate			
University Diploma/Certifica	te Bachelor's Degr	ee Maste	s's Degree	Doctorate			
What Province did you receive your education?							
MARITAL STATUS							
Single Marr	ied/Equivalent Divorced	☐ Widowed	Separated	Single Parent			
SOURCE OF INCOME							
Are you currently in rece	ipt of:						
E.I? Yes No	OR Social Assistance?	Yes N	o OR <b>O.D.S.P?</b>	Yes No			
Have you received E.I. benefits in the last 3 years?							
Are you currently employed/self employed:							
BARRIERS TO EMPLOYMENT (Check all that apply)							
None	Remote	ness [	Dependent care				
Lack of labour force attach	nment Langua	ge [	Lack of marketable ski	lls			
Lack of work experience	Educati	on	Physical, emotional, or	mental health			
Lack of transportation	Econom	iic [	Other barrier not listed	i			
		ا	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?
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?
PART C - COURSE INFORMATION (if applicable)
Name of Training Institution
Course Title Hours per week
Course start date 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**

		understa	and that the pe	ersonal information collected	
First and Last Name (Please Pr	int)				
and held by ASETS - Kagita Mil	kam _	Curve Lake, ON	will sole	ely be used to help me access	
	<b>6</b>				
employment services and ben	efits design	ied to help me prep	oare for, get, a	nd keep employment.	
I hereby grant permission for	any and all	personal information	on held by ASE	TS - Kagita Mikam	
Curve Lake, ON	t	o be disclosed, whe	en required, or	n an as needed basis, to	
Office Location					
representatives of:					
Service Cana	ada and its	successor departme	ents and agend	cies,	
·	•	• •	and Social De	velopment Canada and its	
<ul> <li>organizations under contract to either of these departments to provide employment related benefits and services</li> </ul>					
<ul><li>other agenc</li></ul>	ies/organiz	ations such as: O.D.	S.P., W.S.I.B.,	O.W.	
training. This information is a applicable to privacy laws, and I have read this document, or consent to the collection, discle	dministered /or applicabl have had this osure and us	with the Access to Index provincial laws.  In a document read to note the end of my personal info	formation Act and the and fully und rmation as described	erstand its contents and hereby	
I Agree to be available for fol Kagita Mikam.	low-up on t	he outcome of my p	rogram and/or	services by a representative of	
Client Signature:			Date:		
E.D.O Signature:			Date:		
Promotional Consent					
	_			=	
Client Signature:			Date:		
	and held by ASETS - Kagita Mile employment services and ben I hereby grant permission for a Curve Lake, ON  Office Location representatives of:  Service Cana the provinci successor de organization related beneficially and the provinci successor de other agence  This information is collected and training. This information is an applicable to privacy laws, and I have read this document, or a consent to the collection, disclet that my personal information with the benefits.  I Agree to be available for folk Kagita Mikam.  Client Signature:  E.D.O Signature:  Promotional Consent I hereby give my permission to Kawritten summary as related to miles.	I hereby grant permission for any and all  Curve Lake, ON Office Location  representatives of:  Service Canada and its successor departments organizations under conrelated benefits and sense other agencies/organizations. This information is collected and used by the training. This information is administered applicable to privacy laws, and/or applicable. I have read this document, or have had this consent to the collection, disclosure and use that my personal information will be used for benefits.  I Agree to be available for follow-up on the Kagita Mikam.  Client Signature:  E.D.O Signature:  Promotional Consent  I hereby give my permission to Kagita Mikam written summary as related to my program and the consent of the collection of the co	First and Last Name (Please Print) and held by ASETS - Kagita Mikam  employment services and benefits designed to help me preparation for any and all personal information to be disclosed, who office Location  Curve Lake, ON  Office Location  representatives of:  Service Canada and its successor department of the provincial department of Employment successor departments and agencies, and organizations under contract to either of the related benefits and services  other agencies/organizations such as: O.D.  This information is collected and used by the service providers for training. This information is administered with the Access to Interpolate to privacy laws, and/or applicable provincial laws.  I have read this document, or have had this document read to me consent to the collection, disclosure and use of my personal information will be used for verifying or confirming benefits.  I Agree to be available for follow-up on the outcome of my personal information.  Client Signature:  E.D.O Signature:  Promotional Consent  I hereby give my permission to Kagita Mikam to publish any photogorithms are lated to my program and/or service solely for written summary as related to my program and/or service solely for written summary as related to my program and/or service solely for written summary as related to my program and/or service solely for written summary as related to my program and/or service solely for written summary as related to my program and/or service solely for written summary as related to my program and/or service solely for written summary as related to my program and/or service solely for written summary as related to my program and/or service solely for written summary as related to my program and/or service solely for the program and the p	First and Last Name (Please Print) and held by ASETS - Kagita Mikam  Curve Lake, ON  office Location  employment services and benefits designed to help me prepare for, get, at I hereby grant permission for any and all personal information held by ASE  Curve Lake, ON  office Location  representatives of:  Service Canada and its successor departments and agence the provincial department of Employment and Social Desuccessor departments and agencies, and  organizations under contract to either of these departments and services  other agencies/organizations such as: O.D.S.P., W.S.I.B., information is collected and used by the service providers for statistical purtraining. This information is administered with the Access to Information Act at applicable to privacy laws, and/or applicable provincial laws.  I have read this document, or have had this document read to me and fully und consent to the collection, disclosure and use of my personal information as descithat my personal information will be used for verifying or confirming my eligibili benefits.  I Agree to be available for follow-up on the outcome of my program and/or Kagita Mikam.  Client Signature:  Date:  Promotional Consent  I hereby give my permission to Kagita Mikam to publish any photographs or videos written summary as related to my program and/or service solely for promotional program and/or service solely for promotio	