

Shooniyaa Wa-Biitong Training & Employment Centre For The Treaty No. 3 Area
P.O. Box 2909, Kenora, Ontario, P9N 3X8 • Phone: (807) 468-2030 • Fax: (807) 468-1813
Toll Free: 1-800-545-5113

CLIENT PARTICIPANT INFORMATION FORM

Protected when completed

Official Use Only:	Client ID Number: ____/____/____/____/____/____/____/____/____	Contact: <input type="checkbox"/> Office <input type="checkbox"/> Telephone <input type="checkbox"/> Email/Mail/Fax <input type="checkbox"/> Community Site Visit Name of Community: _____	Shooniyaa Wa-Biitong undertakes follow-up surveys to determine whether program support proves beneficial. In order to conduct such surveys, information is required. Since private sector firms are often engaged to do these surveys, some or all of the information you provide may be passed to them for this purpose. Shooniyaa Wa-Biitong will try to alert you in advance when this is being done.		
Social Insurance Number: MANDATORY →	____/____/____/____/____/____/____/____/____	Date of Birth: MANDATORY →	____/____/____ MM DD YY	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name:		Middle Initial(s):	Last Name:		
Primary Telephone:		Alternative Telephone (optional):		Mailing Address:	
City/Town:		Province:	Postal Code:	Email Address (optional):	
The following provision of information is mandatory. Shooniyaa Wa-Biitong requires this information for statistical purposes only and to determine the effectiveness of employment and training programs. To assist us in this aspect, please answer the following questions:					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent <input type="checkbox"/> Married or Equivalent		Number of Dependents: _____	Do you consider yourself to be a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Aboriginal Type: <input type="checkbox"/> Not Aboriginal <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Registered (Status) Indian <input type="checkbox"/> Non-Status Indian	Do you reside on a First Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Nation Affiliation: _____		Primary Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Aboriginal language(s) Specify (If Aboriginal): _____		Secondary Language Spoken (optional): <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Aboriginal language(s) Specify (If Aboriginal): _____	
The following relates to your level of education attained, current employment status, and source of income:					
Primary/Secondary Education: →	<input type="checkbox"/> No Formal Education <input type="checkbox"/> Grade 1 – 12 → Grade Passed: _____ <input type="checkbox"/> High School Graduation	Year Attained: →	In what province did you attend your last day of school? →		
Post-Secondary Education: →	<input type="checkbox"/> No Post-Secondary Education <input type="checkbox"/> 1 Yr. College Dip/Cert. <input type="checkbox"/> 1 Yr. No College Dip/Cert <input type="checkbox"/> 2 Yr. College Dip/Cert. <input type="checkbox"/> 2 Yr. No College Dip/Cert <input type="checkbox"/> 3 Yr. College Dip/Cert <input type="checkbox"/> 3 Yr. No College Dip/Cert <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	Year Attained: →	In what province did you attend your last day of school? →		
Employment Status →	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Student <input type="checkbox"/> Self-Employed				
Type of Income Benefit: →	<input type="checkbox"/> Employment Salary <input type="checkbox"/> No Income Benefit <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Social Assistance <input type="checkbox"/> Canada Pension Plan <input type="checkbox"/> Canada Pension Plan Disability <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Private Insurance <input type="checkbox"/> Settlement Support <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> Other				

Client Consent to Release Information:

To be eligible for participation in Shoonyaa Wa-Biitong sponsored programs and services, the Client must provide the information requested and must consent to the collection, disclosure and use of that information as described in this notice by signing the consent and release form.

I, _____ understand that the personal information collected and held by Shoonyaa Wa-Biitong will solely be
Print Name
 used to help me access employment services and benefits designed to help me prepare for, get, and keep employment.

1. I hereby grant permission for any and all personal information held by Shoonyaa Wa-Biitong to be disclosed, when required, on an as needed basis, to representatives of:
 - Service Canada and its successor departments and agencies,
 - Employment Ontario and its successor departments and agencies, and,
 - Organizations under contract to either of these departments to provide employment related benefits and services.
 - Other agency (Please state agency's name & contact and have client initial consent:

2. Verification of Indian status and affiliation may be required from a First Nation membership clerk/Band Administrator and Post-Secondary Counsellors.
3. Participant information may be provided to potential employers when making referrals for employment.
4. By signing this client consent form, the client authorizes the release of any test results, reports and other information from a Shoonyaa Wa-Biitong sponsored training program to an authorized officer of Shoonyaa Wa-Biitong.
5. Should I be successful in obtaining funding from Shoonyaa Wa-Biitong, I consent to the release of my name to be published as a participant on a Shoonyaa Wa-Biitong sponsored training program.

Under the Privacy Act, the personal information collected on this form may be accessed by the participant.

Participant's Signature:	Date:
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Shoonyaa Wa-Biitong is committed to respecting your privacy and protecting your personal information. This document and the information in it are provided in confidence, for the sole purpose of Shoonyaa Wa-Biitong, and may not be disclosed to any third party or used for any other purpose without the express written purpose of the participant.

Official Use Only:

Referral: →	<input type="checkbox"/> Other AHRDA/LDM <input type="checkbox"/> FN Post-Secondary Education <input type="checkbox"/> Other Employment Agency <input type="checkbox"/> HRSDC <input type="checkbox"/> Other. Explain: _____
Type of Assistance Required →	<input type="checkbox"/> Employment Services/Career Counselling <input type="checkbox"/> Job Search Techniques <input type="checkbox"/> Purchase of Training <input type="checkbox"/> Special Employment Supports <input type="checkbox"/> Travel Assistance <input type="checkbox"/> Self-Employment <input type="checkbox"/> Other
Further Action: →	
Program Officer:	Date: