



Saulteau First Nations ISET Program Application

File Number (Source of Funding):

☐ CRF# _____

☐ EI # _____

CLIENT IDENTIFICATION

_____	_____	_____
Last Name	First Name	Middle Name(s)/Initials
_____	_____	_____
Maiden Name (if applicable)	Date of Birth (YYYY-MM-DD)	Social Insurance Number (SIN)

GENDER

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unspecified
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CONTACT INFORMATION

_____	_____	
Apartment/Unit # (if applicable)	Street Address or Box Number	
_____	_____	
City/Town/Community	Province	Postal Code
_____	_____	_____
Telephone Number (including Area Code)	Other Number for Messages	Email Address

SOURCE OF INCOME

Social Assistance Recipient (Provincial OR First Nation): ☐ No ☐ Yes

EI Claimant:

☐ Employment Insurance Claimant → Gross Weekly Rate: \$ _____ Number of Weeks Entitled: _____

☐ Former EI Client or Premiums Paid Eligible (*On EI Benefits in the past 60 months (Reach-back) or PPE - had paid EI premiums 5 out of the last 10 years and hadn't received a refund of those premiums on an Income Tax Return)

☐ Non-Insured Client

Other (please specify): _____

LANGUAGES SPOKEN

☐ English Only Specify: _____

☐ French Only

☐ English and French

☐ Indigenous Language(s) Only

☐ Indigenous Language(s) and English

☐ Indigenous Language(s) and French

☐ Indigenous Language(s), English and French

☐ None of the Above

INDIGENOUS GROUP

<input type="checkbox"/> Registered (status) Indian → _____	_____	_____
<input type="checkbox"/> Non-status Indian	Treaty #	Band Name
<input type="checkbox"/> Métis		Band Province
<input type="checkbox"/> Inuit		

DISABILITY:

<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify): _____
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MARITAL STATUS

<input type="checkbox"/> Married or Equivalent	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated
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NUMBER OF DEPENDANT CHILDREN

<i>DEPENDENT CHILDREN:</i>	<i>NUMBER OF DEPENDENT CHILDREN:</i>
<input type="checkbox"/> No	_____ Under 18 Years
<input type="checkbox"/> Yes →	

BARRIERS TO EMPLOYMENT: (CHOOSE ALL THAT APPLY)

<input type="checkbox"/> None
<input type="checkbox"/> Lack of Labour Force Attachment
<input type="checkbox"/> Lack of Work Experience
<input type="checkbox"/> Lack of Transportation
<input type="checkbox"/> Remoteness
<input type="checkbox"/> Language
<input type="checkbox"/> Education
<input type="checkbox"/> Economic
<input type="checkbox"/> Dependant Care

CASE MANAGER: _____



- ☐ Lack of Marketable Skills
☐ Physical, Emotional or Mental Health
☐ Other Barrier Not Listed Above

Specify: _____

EDUCATION LEVEL

Highest level of education attained

- ☐ No Formal Education
☐ Up to Grade 7-8 (Secondaire I-II)
☐ Grade 9-10 (Secondaire III)
☐ Grade 11-12 (Secondaire IV-V)
☐ Secondary School Diploma or GED
☐ Some Post-Secondary Training
☐ Apprenticeship or Trades Certificate or Diploma
☐ College, CEGEP, or Other Non-University Certificate or Diploma
☐ University Certificate or Diploma
☐ University – Bachelors Degree
☐ University – Masters Degree
☐ University – Doctorate

STATUS AT INTAKE:

- ☐ Employed ☐ Employment title (this will be used to find the NOC that needs to be provided in the client file): _____
☐ Full-time ☐ Part-time
☐ Unemployed
☐ Student

PROGRAM/COURSE

Program/Course: _____ Payment Made To: _____
Training Organization: _____ Contact Name: _____
Start Date: _____ Address: _____
Completion Date: _____
Total Cost: _____ Email: _____

☐ ATTACHED RESUME/ MOST RECENT WORK EXPERIENCE

Name of Current/Former Employer	Dates of Employment (From/To)
Employer Address	Name of Supervisor and/or Contact #
Job Title	Reason for Leaving

Reimbursement For: ☐ PPE: \$ _____ ☐ Training Courses: \$ _____ ☐ Accommodations: \$ _____

(\$400 max reimbursement for PPE) Receipts need to be attached to receive reimbursement.

EI Verification &

PARTICIPANT CONSENT TO RELEASE INFORMATION

I acknowledge that my personal information is being collected and administered in accordance with the *Department of Employment and Social Development Act*, *Privacy Act*, and *Access to Information Act*; that it will be provided to ESDC/Service Canada for the evaluation and accountability of the ISET Program; that it may be used to determine my eligibility for the ISET Program; and that I have the right to file a complaint with the Privacy Commissioner of Canada in the event that I am not satisfied with the handling of my personal information by ESDC/Service Canada.

I do also hereby authorize _____, (the training or education provider) to release any information regarding my application and/ or participation in _____, (the course or Program) to the Saulteau First Nations, as either party may deem necessary.

Participant Signature _____

Date (YYYY-MM-DD) _____

CASE MANAGER: _____