



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

Male Female Unspecified

CONTACT INFORMATION

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

Registered (status) Indian → _____

Non-status Indian Treaty # _____ Band Name _____ Band Province _____

Métis

Inuit

DISABILITY:

No Yes (Specify): _____

MARITAL STATUS

Married or Equivalent Single Divorced Widowed Separated

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)

None

Lack of Labour Force Attachment

Lack of Work Experience

Lack of Transportation

Remoteness

Language

Education

Economic

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 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)