

Program Applied For:		Assessed by:	(office only)
Social Insurance #:		Do you have a disability:	
Full Name:		Visible Minority:	
Birthdate (m/d/y):		Marital Status:	
Gender:	Male Female		

Aboriginal:	Non Aboriginal:
First Nation/Metis/Inuit	

Languages:			
Preferred Language:		Secondary:	
Specify (If Other):		Specify (If Other):	

Highest level of education completed:				
High School		Grade:	Year Attended:	
Post-Secondary:		Year Attained:		

Primary Telephone:		Email Address:	
Alternate Telephone:		Fax Number:	

Mailing Address:		Residential Address (If Different):	
Street/PO Box:		Street/PO Box:	
City:		City:	
Province:		Province:	
Postal Code:		Postal Code:	

Dependents:		
Name of Dependent	Year of Birth	Relationship to you

Sponsorship Information	
Sponsored by:	

Attached Resume:		Hard Copy v:				Emailed v:				
Education Level						√	Comments:			
No formal education										
Up to Grade 7-8 (sec 1=Grade 8)										
Grade 9-10 (sec II-III)										
Grade 11-12 (IV-V)										
Secondary school diploma or GED										
Some post-secondary training										
Apprenticeships, or trades cert. or diploma										
College, CEGEP, or other non-university cert. or diploma										
University certificate or diploma										
University- Bachelor's Degree										
University- Master's Degree										
University- Doctorate										
√	Education Province				Alberta		√	Employment Insurance Claimant		
	Newfoundland				Manitoba			Employment insurance claimant		
	Nova Scotia				Northwest Territories			Reachback client/former client		
	New Brunswick				British Columbia			Non-insured client		
	Prince Edward Island				Yukon		√	Childcare required for action plan		
	Quebec				Nunavut			Yes		
	Ontario		Sask.		Outside Canada			No		
√	Financial support allocated to childcare:						√	Social Assistance		
	Not applicable							Yes		
	FNICCI							No		
	EI/CRF							Comments:		
	Provincial funding or subsidy									
	No funding received									
	Day care space not available									
	Assisted by family/self-funded									
√	Barriers to Employment					√				
	None						Education			
	Lack of labor force attachment						Economic			
	Lack of work experience						Dependent care			
	Lack of transportation						Lack of marketable skills			
	Remoteness						Physical, emotional, or mental health			
	Language						Legally entitled to work in Canada			
	Criminal Record						Other barrier not listed above			

RELEASE AGREEMENT AND PARTICIPANT'S DECLARATION

- 1) I hereby consent to sharing of any information regarding my training and employment status and any aspect to be disclosed, when required, on an as needed basis to Government of Canada and its successor departments and agencies, as well as Government of the Northwest Territories, potential employers, and First Nations, and organizations under contract to either of these departments to provide employment related benefits and services. **(Please Initial)**_____.

- 2) I hereby declare and acknowledge that the information contained within this document is complete and true in every respect. **(Please Initial)**_____.

- 3) I _____agree to the use of my name, pictures, data and other relevant information by The Mine Training Society in documentary, newsletters, and statistics relevant to the training program, at the Mine Training Society having exclusive rights to use the picture, video, statistics and relevant information at any time and for future use at The Mine Training Society. I will have no future claim to the information, data, or pictures. **(Please Initial)**_____.

- 3a)** I consent to the use and disclosure of elements of my personal information, contained in the said stories, photographs and/or videotapes. **(Please initial)** _____.

PARTICIPANT'S NAME (please print)	
PARTICIPANT'S SIGNATURE	
DATE:	
WITNESS NAME (please print)	
WITNESS SIGNATURE	
DATE:	