

# Whitesand First Nation LDM – Employment and Training

P. O. Box 68, Armstrong, Ontario P0T 1A0 Phone (807) 583-2177 Fax (807) 583-2170

## Participant Information Form

WHITESAND LDM requires the following information for funding purposes. All clients must fill out this form and forward to the Whitesand LDM office. All participants on a project prior to project commencement must complete this form. All information is confidential and will be utilized to determine eligibility for LDM Programs. We will also use this as a tool to base your income support should you be successful in acquiring approval as a participant or for funding.

### PERSONAL INFORMATION

Last Name:	First Name:	Initial:
SIN #	Band #	
Home Phone (    )    )	Other Number (    )    )	
Mailing/Street Address:		
City:	Province:	
Postal Code:	Country:	
Date of Birth: (day/month/year)    /    /		
<b>Labour Force Attachment:</b>	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Student	
<b>Current Income Benefit:</b>	Canada Pension \$ _____ Employment Insurance \$ _____ Private Insurance \$ _____ No Income Benefits \$ _____ Family Benefits \$ _____ Worker's Compensation \$ _____ Social Assistance \$ _____ Other \$ _____	
<b>Have you been on EI (formerly UIC) in the last 3 years?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Have you been on Maternity/Paternity Benefits in the last 5 years?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does Spouse/Partner have a source of income? <input type="checkbox"/> YES, amount per week \$ _____ <input type="checkbox"/> NO		

### CHARACTERISTICS

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Language: <input type="checkbox"/> English    Speak    Write    Read
<input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Non Status <input type="checkbox"/> Status	<input type="checkbox"/> French    Speak    Write    Read
Visible Minority: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other: _____ Speak    Write    Read
<b>First Nation:</b>	<b>Band Number (10 digits):</b>
Residency: <input type="checkbox"/> on reserve <input type="checkbox"/> off reserve	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Common law <input type="checkbox"/> Single
<b>Dependents: Ages: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____</b>	
Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No    if so, specify:	
<b>Do you have a valid Driver's License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Type of License: Class</b>	
Do you own or have access to transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No    Specify:	
<b>Are you willing to relocate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Please specify/preference:</b>	

### EDUCATION

Have you received prior training through Whitesand LDM or HRDC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If so, when?</b> /day    /month    /year    Did you complete training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Highest Level of Education: <b>Please check only one</b>		
<input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Post secondary <input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Institute of Technology		
Year attained:	Course:	Province:
Certificates or Diploma/Institute:		
Other training and skills:		
License/Trade certificate: (i.e. CPR, Heavy Equipment etc.)		

### EMPLOYMENT HISTORY

Please list the last 3 employers beginning with the most recent: (name and address)		
1. _____		
2. _____		
3. _____		
<b>Work Preferences:</b>	1. _____	2. _____

<b>Name of Current/Last Employer:</b>			
Job Title:		From: (d/m/y)	To: (d/m/y)
Reason for leaving: <input type="checkbox"/> Accepted another job <input type="checkbox"/> End of seasonal work <input type="checkbox"/> Project completed <input type="checkbox"/> Business closure <input type="checkbox"/> Fired <input type="checkbox"/> Pregnancy <input type="checkbox"/> Conflict of interest <input type="checkbox"/> Shortage of work <input type="checkbox"/> Illness <input type="checkbox"/> Downsizing <input type="checkbox"/> Incarceration <input type="checkbox"/> Retired <input type="checkbox"/> End of Contract <input type="checkbox"/> Moved <input type="checkbox"/> Strike or Lockout <input type="checkbox"/> Quit <input type="checkbox"/> Returned to school <input type="checkbox"/> Other			
<b>Previous Employer:</b>		Job Title:	
From (d/m/y):		To (d/m/y):	
Reason for leaving:		<input type="checkbox"/> paid <input type="checkbox"/> unpaid/volunteer	
<b>Previous Employer:</b>		Job Title:	
From (d/m/y):		To (d/m/y):	
Reason for Leaving:		<input type="checkbox"/> paid <input type="checkbox"/> unpaid/volunteer	
<b>PARTICIPANT SIGNATURE:</b>		<b>DATE:</b>	

Under the Privacy Act the participant may access the personal information collected on this form. The information is kept on file at the Whitesand LDM Office.

FOR OFFICE USE ONLY	
(This section to be completed by Whitesand LDM staff only)	
Type of Client: <input type="checkbox"/> Aboriginal Client <input type="checkbox"/> Employment Insurance Claimant <input type="checkbox"/> Disabled Client <input type="checkbox"/> Reachback Client <input type="checkbox"/> CRF <input type="checkbox"/> Targeted client <input type="checkbox"/> Youth Client	
Reason for Contact: <input type="checkbox"/> Training <input type="checkbox"/> Upgrading <input type="checkbox"/> Employment <input type="checkbox"/> Assessment <input type="checkbox"/> Resource Center <input type="checkbox"/> Other:	
RC#:	U#:
Results: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Deferred	
Start of Intervention: (d/m/y)	End of Intervention: (d/m/y)
Dollars Utilized:	Project/Contract Number:
Outcome:	