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) / /	
Labour Force Attachment: [ ] Employed [ ] Not Employed [ ] Student	

Current Income Benefit: Canada Pension $_____ Employment Insurance $_____
Private Insurance $_____ No Income Benefits $_____
Family Benefits $_____ Worker's Compensation $_____
Social Assistance $_____ Other $_____

Have you been on EI (formerly UIC) in the last 3 years? [ ] YES [ ] NO

Have you been on Maternity/Paternity Benefits in the last 5 years? [ ] YES [ ] NO

Does Spouse/Partner have a source of income? [ ] YES, amount per week $_____
[ ] NO

CHARACTERISTICS

Sex: [ ] Male [ ] Female	Language: [ ] English Speak Write Read
[ ] Inuit [ ] Metis [ ] Non Status [ ] Status	[ ] French Speak Write Read
Visible Minority: [ ] Yes [ ] No	[ ] Other: _____ Speak Write Read
First Nation:	**Band Number (10 digits):**
Residency: [ ] on reserve [ ] off reserve	Marital Status: [ ] Married [ ] Common law [ ] Single

Dependents: Ages: 1. 2. 3. 4. 5.

Do you consider yourself a person with a disability? [ ] Yes [ ] No if so, specify:

Do you have a valid Driver's License? [ ] Yes [ ] No Type of License: Class

Do you own or have access to transportation? [ ] Yes [ ] No Specify:

Are you willing to relocate? [ ] Yes [ ] No Please specify/preference:

EDUCATION

Have you received prior training through Whitesand LDM or HRDC? [ ] Yes [ ] No
If so, when? /day /month /year Did you complete training? [ ] Yes [ ] No

Highest Level of Education: **Please check only one**
[ ] Grade 6 [ ] Grade 7 [ ] Grade 8 [ ] Grade 9 [ ] Grade 10 [ ] Grade 11 [ ] Grade 12
[ ] Post secondary [ ] Certificate [ ] Bachelor's Degree [ ] Master's Degree [ ] 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. _____

Work Preferences:	1.	2.

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

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: [ ] Aboriginal Client [ ] Disabled Client [ ] CRF [ ] Youth Client [ ] Employment Insurance Claimant [ ] Reachback Client [ ] Targeted client	
Reason for Contact: [ ] Training [ ] Upgrading [ ] Employment [ ] Assessment [ ] Resource Center [ ] Other:	
RC#:	U#:
Results: [ ] Approved [ ] Denied [ ] Deferred	
Start of Intervention: (d/m/y)	End of Intervention: (d/m/y)
Dollars Utilized:	Project/Contract Number:
Outcome:	