



**Culture, Confidence and Competence  
Indigenous Women's Pre-employment Training Program**

**Member Application**

GENERAL INFORMATION		
Name of Applicant		SIN
Street Address:		Date of Birth:
City/Province:		Apt. or Box#:
Home Phone Number		Postal Code:
Alternate Phone Number	E-mail Address:	
Emergency Contact Name:	Phone #:	Relationship:
<input type="checkbox"/> First Nation Band <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status <input type="checkbox"/> Inuit <input type="checkbox"/> Other _____ First Nation Affiliation: _____ Band Number: _____ Metis card #: _____		
Name of Referral Agency: _____ Contact Person Name and Coordinates: _____		
PERSONAL INFORMATION		
Highest Grade Level Successfully Completed (Grades 1 - 12) _____	Name/Location of Last School Attended	Year Completed
GED Grade Level _____	Post Secondary:	
Training/Employment Goals (all that applies)	<input type="checkbox"/> Retail Store <input type="checkbox"/> Apprenticeship _____ <input type="checkbox"/> Mining <input type="checkbox"/> Camp Services _____ <input type="checkbox"/> Heavy Equipment Operator <input type="checkbox"/> Maintenance <input type="checkbox"/> Security <input type="checkbox"/> Security <input type="checkbox"/> Child Care <input type="checkbox"/> Entrepreneurship	
What top three training/employment goals would you be interested in and why? _____ _____ _____ _____ _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Equivalent	Current Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> E.I <input type="checkbox"/> Student <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Underemployed. <input type="checkbox"/> Ontario Works/ODSP	
Do you have any disability or health condition, which may interfere with your ability to train/work in the career you are interested in? <input type="checkbox"/> Yes <input type="checkbox"/> No    Please specify if yes _____		





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**Data Collection and Release of Information Participant Consent Form**

In compliance with the legislated Personal Information Protection Act, the Temiksamung Native Women's Support Group (TNWSG) is required to secure consent from program participants to gather and/or share personal information. Information gathered through our training institute will be used solely for the purposes of determining program eligibility, tracking participant progress, evaluating program outcomes and program promotion.

At no time will this information be disclosed or used for any other purpose, unless the participants agree and the TNWSG obtains another signed consent form stating its intended use.

Based on these parameters, personal information may be shared with the following agencies:

- Human Resources and Skills Development (HRSD)
- Local Delivery Mechanisms (LDMs), Contribution Agreements and ASETS
- Band Councils, Aboriginal Funding Organizations, Ontario Works and DTSSAB
- Organizations providing training (training deliverers)

To be eligible for our training programs, participants must provide the information requested and sign the consent form authorizing the collection, disclosure and use of information, as described in this notice. Some information such as gender, marital status, income, disability, age etc. is required for statistical purposes, some is used for program implementation and some is used for evaluating the programs and services.

Other organizations as described below may be contacted in order to obtain appropriate facts that will aid in decision making or to provide information related to securing placements and employment.

1. To confirm a participant's request for funds, information may be required directly from:
  - a) the Federal Government about exhausted Employment Insurance benefits or current status on an Employment Insurance claim;
  - b) Ministry of Community and Social Services, First Nation, or municipality welfare office about receipt of social assistance;
  - c) Worker's Safety Insurance Board or other disability insurer about receipt of benefits;
  - d) Local Delivery Mechanisms or ASETS; and
  - e) Other relevant agencies.
2. To confirm Indigenous heritage or community affiliation.
3. Information may be provided to employers when making referrals for placements or jobs.
4. Referrals to programs and services offered by other partner agencies.

**CONSENT TO REQUEST AND RELEASE INFORMATION** I have read this document, or have had this document read to me, and fully understand the above notice and do consent to the collection, disclosure and use of my personal information as described above.

Signature: \_\_\_\_\_ Print Name Here: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_