



TWN SKILLS CENTRE – TSLEIL-WAUTUTH NATION

EMPLOYMENT & TRAINING APPLICATION

REVISED SEPT 2016

Personal Information Form



Please complete all sections thoroughly.
Complete and accurate information is required to determine your eligibility.

Section A				PERSONAL IDENTIFICATION			
Last Name:		First Name:		Middle Initial:			
S.I.N. : / /		Birth Date: MM/ DD/ YYYY/		Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>			
Mailing Address:		City:		Prov:		Postal Code:	
Telephone#:		Message #:		Email:			
Aboriginal status: Registered Indian <input type="checkbox"/>		Non-Status <input type="checkbox"/>		Inuit <input type="checkbox"/>		Metis <input type="checkbox"/>	
Band Name:			Band Registry Number:				
Marital Status: Married / Equivalent <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>						# of dependents living with you:	
Do you require child care? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what is your current source of child care?					
Do you identify as having a physical or mental disability that affects your ability to perform daily tasks? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, how does your disability restrict your performance of daily tasks? Please Explain:							
Are you a Canadian citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Language Spoken? English <input type="checkbox"/> French <input type="checkbox"/> Other:			Do you have a Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What is preventing you from finding work?							
Have you applied for or are you currently in receipt of Employment Insurance?				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Have you had an Employment Insurance Claim within the past three years?				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Have you had a Parental or Maternity leave claim in the past five years?				Yes <input type="checkbox"/>		No <input type="checkbox"/>	

What is your current source of income?

Social Assistance Student Loans Pension Part-time Work Full-time Work Other

If other, please explain:

Are you registered with a **WorkBC** Employment Service Centre? Yes No

If yes, which office?

Section B

EDUCATION AND TRAINING

Highest Grade completed: _____ Year Completed: _____ Province/Country: _____

Please list all degrees, trade levels, licenses, diplomas, certificates or work tickets obtained:

List all adult basic education, post-secondary training and or courses that you have attended

Institute/Organization	Location	Year	Course	Certificate, Diploma, Degree, Tickets	Completed?

Section B

EDUCATION AND TRAINING - Continued

List any ACCESS funded programs you have previously participated in and the outcome or results for you.

Year	Program	Completed?	Outcome/Result

Are you currently attending school full time?

Yes No

If yes, how many hours of school per week are you attending? _____

/ week.

Do you intend to return to school in the upcoming academic year/semester? Yes No

Have you left school to permanently join the workforce? Yes

No

Please Explain: _____

Section C		EMPLOYMENT HISTORY				
Are you currently employed?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		
List your last three jobs starting with the most recent.						
Job Title	FT/PT	Company Name	Start Date <small>dd/mm/yyyy</small>	End Date <small>dd/mm/yyyy</small>	Salary	Reason for Leaving
Describe what you have done to find work:						

OFFICE USE ONLY	
ACTIVE EI CLAIM <input type="checkbox"/> CRF <input type="checkbox"/>	REACH BACK <input type="checkbox"/>
Comments:	

All information provided to us will be considered as supplied in confidence. Under certain circumstances some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact Tsleil Waututh Nation – Employment & Training

Applicant's signature

Date: _____ _____ _____
 DAY MONTH YEAR

Client File Number: _____

Applicant's Declaration & Authorization

I declare that the foregoing information provided to access is, to my knowledge, true and complete and that it is subject to verification by access and its representatives. I authorize access to release application information with involved organizations, training institutions, and government agencies. I acknowledge that in the event that I do not comply with any of the following requirements that I may be denied further funding by access.

I will reimburse ACCESS for training costs incurred on my behalf should I leave the program or fail to attend with regularity, acceptable to ACCESS. I will not be eligible to participate in further ACCESS funded training until all monies owed have been repaid, and a six-month waiting period and review process have been completed;

I will supply originals of all requested documents, receipts for reimbursement, marks, and training related documentation, including records of attendance, to ACCESS;

I will honor ACCESS's training follow-up request after completion of training;

I will provide a personal written evaluation of my training upon completion;

I am responsible for all training expenses incurred in excess of the agreed upon amount and for any amounts paid in error. In all cases ACCESS will not be held responsible for any expenses not agreed to, prior to the expenses being incurred.

I understand ACCESS may cancel or reduce my financial assistance in the event Canada cancels, reduces or terminates its funding to ACCESS.

I understand that tuition, assistance and training allowances are subject to taxation;

I will immediately report any changes of residence, telephone or other contact information to ACCESS;

I understand that I am subject to legal action in the event that I make false statements or neglect to provide ACCESS with any information that materially affects my entitlement to training subsidy or my ability to benefit from my employment insurance;

I will save ACCESS, its employees, volunteers, agents and heirs, harmless from and against all claims, losses, damages, cost and expenses related to any injury or death of a person or a loss or damage to property caused in relation to this training initiative;

I affirm that all necessary liability and life insurance will be maintained by me for the duration of the period of my training if and when required;

I am aware that I have 30 days to start the appeal process, should my request for training funds be denied and that the decision of the appeal committee is final and binding;

This authorization remains in effect for the duration of my request for funding.

Applicant's Full Name (please print): _____

_____	Date:	_____	_____	_____
Applicant's signature		DAY	MONTH	YEAR

<i>OFFICE USE ONLY</i>			
Authorized by:	Counsellor's name (please print) _____		
_____	Date: _____		
Counsellor's signature	DAY MONTH YEAR		



How can ACCESS help you?
Please check ✓ all that apply to you.

- I need to use the computer lab for:
Internet, telephone, photocopying, and/or faxing
- I need help writing my resume and cover letters.
- I need referrals to job openings.
- I need help preparing for job interviews.
- I need help planning my next move.
- I need help determining my interests and skills.
- I need to upgrade my academic skills.
- I need financial assistance to attend training.
- I need help applying for student loan.
- I need help starting my own business.
- I need financial counseling.
- I need stress counseling.
- I need drug/alcohol abuse counseling.
- I need financial assistance for daycare.
- I need help contacting my Band/Metis Nation