

# SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD

P.O. Box 56, Sioux Lookout, Ontario P8T 1A1, Tel (807)737-4047, Toll Free 1-800-563-2183, Fax (807)737-4048

## PARTICIPANT INFORMATION FORM

The information requested below must be filled out entirely in order for SLAAMB to gather the necessary statistical information required for reporting to HRSDC. Failure to provide information accurately could delay the start of your participation in the program.

|   |  |                         |                             |  |                                  |  |  |  |                       |                                |                |               |
|---|--|-------------------------|-----------------------------|--|----------------------------------|--|--|--|-----------------------|--------------------------------|----------------|---------------|
| <b>Social Insurance Number:</b>   |  |                         |                             |  | <b>File Number:</b>              |  |  |  |                       |                                |                |               |
| <b>Last Name:</b>   |  |                         |                             | <b>Middle Initial:</b>   |                                  | <b>First Name:</b>                               |  |  |                       |                                |                |               |
| <b>Area Code:</b>   |  | <b>Telephone #:</b>     |                             |  |                                  | <b>Fax #:</b>                                    |  |  |                       |                                |                |               |
| <b>Address:</b>   |  |                         |                             |  | <b>Number/Street/P.O. Box #:</b> |  |  |  |                       |                                |                |               |
| <b>City/Town:</b>   |  |                         |                             |  | <b>Province:</b>                 |  |  | <b>Postal Code:</b>                        |                       |                                |                |               |
| <b>Date of Birth: Day:</b>  |  |                         | <b>Month:</b>               |  |                                  | <b>Year:</b>                                     |  |  | <b>Male:</b>          |                                | <b>Female:</b> |               |
| <small>(Please check)</small>   |  |                         |                             |  |                                  |  |  |  |                       |                                |                |               |
| <b>Marital Status:</b>  |  | <b>Single:</b>          |                             | <b>Married or Equivalent:</b>  |                                  | <b>Separated:</b>                                |  | <b>Divorced:</b>                           |                       | <b>Widowed:</b>                |                |               |
| <b>Language:</b>  |  | <b>Aboriginal only:</b> |                             | <b>English only:</b>   |                                  | <b>Aboriginal &amp; English:</b>                 |  | <b>Other:</b>                              |                       |                                |                |               |
| <b>Are you:</b>   |  | <b>Status:</b>          |                             | <b>Non-status:</b>   |                                  | <b>Metis:</b>                                    |  | <b>Inuit:</b>                              |                       | <b>Non Native:</b>             |                |               |
| <b>Home Reserve:</b>  |  |                         |                             |  |                                  | <b>Band Number (10 Digits):</b>                  |  |  |                       |                                |                |               |
| <b>Most Recent Occupation:</b>  |  |                         |                             |  |                                  | <b>Training Occupation:</b>                      |  |  |                       |                                |                |               |
| <b>Normal Weekly Hours:</b>   |  |                         | <b>Normal Weekly Wages:</b> |  |                                  | <b>Income Type (Check one):</b>                  |  |  | <b>Income Amount:</b> |                                |                |               |
|   |  |                         |                             |  |                                  | <b>EI:      OW:      Other:</b>                  |  |  | <b>\$</b>             |                                |                |               |
| <b>Account for status during the last 12 months by indicating the number of months in each activity listed:</b>   |  |                         |                             |  |                                  |  |  |  |                       |                                |                |               |
| <b>Employed Full-time</b>   |  | <b>Part-time</b>        |                             | <b>Self-Employed:</b>  |                                  | <b>In School and/or Training</b>                 |  | <b>Home-making:</b>                        |                       | <b>Other:</b>                  |                | <b>Total:</b> |
|   |  | +                       |                             |  | +                                |  |  | +  |                       |                                | +              | = 12          |
| <b>Before this job loss, did you work steadily for the last five (5) years? (Please check)      Yes:      No:</b>   |  |                         |                             |  |                                  |  |  |  |                       |                                |                |               |
| Word "steadily" means that you worked continuously for 5 years previously to the date of your job loss. This may include short periods of unemployment (normally less than 3 months). If you were laid off for seasonal reasons during this period, you are still considered to have worked steadily. |  |                         |                             |  |                                  |  |  |  |                       |                                |                |               |
| <b>EMPLOYMENT BARRIERS (Please check ALL that apply):</b>   |  |                         |                             |  |                                  |  |  |  |                       |                                |                |               |
| <b>None</b> – No barriers to employment exist   |  |                         |                             | <b>Education</b> – Client does not have the education required for the job market                            |                                  |  |  |  |                       |                                |                |               |
| <b>Lack of Labour Force Attachment</b> – Client has not been in the job market for over 3 years   |  |                         |                             | <b>Economic</b> – Client does not have finances to purchase required job items (Uniforms, relocations, etc.) |                                  |  |  |  |                       |                                |                |               |
| <b>Lack of Work Experience</b> – Little or no work history  |  |                         |                             | <b>Dependent Care</b> – Limited or no access for childcare of family related care                            |                                  |  |  |  |                       |                                |                |               |
| <b>Lack of Transportation</b> – No access to any form of transportation to get to employment/counseling   |  |                         |                             | <b>Lack of Marketable Skills</b> – Due to shift in job market, the clients marketable skills become limited  |                                  |  |  |  |                       |                                |                |               |
| <b>Remoteness</b> – Client lives in a remote area with limited access to job market   |  |                         |                             | <b>Health</b> – Client has a physical or mental health barrier   |                                  |  |  |  |                       |                                |                |               |
| <b>Language</b> – Not fluent in the language required for the job market  |  |                         |                             | <b>Other</b> – Please list:  |                                  |  |  |  |                       |                                |                |               |
| <b>Disability: Yes:</b>   |  |                         |                             | <b>No:</b>   |                                  |  |  | <b>Highest Level of Education:</b>         |                       |                                |                |               |
| <b>Level of Work Experience:</b>  |  | <b>None:</b>            |                             | <b>Student:</b>  |                                  | <b>Less than 5 years:</b>                        |  | <b>Greater than 5 years:</b>               |                       | <b>Returning to Workforce:</b> |                |               |
| <b>Received EI Benefits in the past 3 years?</b>  |  |                         |                             |  |                                  | <b>Received EI Benefits in the past 5 years?</b> |  |  |                       |                                |                |               |
| <b>Client Start Date:</b>   |  |                         |                             | <b>Client End Date:</b>  |                                  |  |  | <b>Client Total Weeks of Intervention:</b> |                       |                                |                |               |
| <small>Under the Privacy Act, the personal information collected on this form may be accessed by the participant. This information is kept on file at the SLAAMB Office.</small>  |  |                         |                             |  |                                  |  |  |  |                       |                                |                |               |
| <b>Signature of Participant:</b>  |  |                         |                             |  |                                  |  |  |  | <b>Date:</b>          |                                |                |               |