



**Canada/Coast Salish Employment & Training Society
ASETS Agreement
Participant Information Form**



Service Canada Use Only: EI CRF

Current Claim		Reach back		EI Claim End Date	Benefit Rate	Overpayment	
Yes	No	Yes	No			Yes	No

OFFICE USE

Name of Program/ Organization: _____

Intervention Type/Service: _____
(or write description)

PLEASE PRINT CLEARLY AND ANSWER **ALL** QUESTIONS ON THE FORM WITH BLACK INK.
IF YOU HAVE QUESTIONS ABOUT THE FORM PLEASE ASK PROGRAM STAFF. THANK YOU. (HUY CH Q'U)

Client Social Insurance Number: _____

Client Name: _____

1. Are you a person with Disability? No Yes *(Please Specify Below)*
- No response Developmental Physical
- No Disability Learning Combination:
- Unspecified Speech Psychiatric Hearing

2. Date of Birth: _____
MM/DD/YYYY

3. Marital Status?
- Married or Common Law
- Single
- Divorced
- Widowed
- Separated

4. Gender: Male Female

5. Number of Dependents: _____

6. Aboriginal Type: Registered Aboriginal

Status #: _____ *Band Name:* _____

Non Status Metis Inuit Unspecified

7. On-Reserve Status: No Yes

8. Language Spoken English Aboriginal Language French

Other No Response

9. Are you on social assistance? Yes No *(If no, please check those that apply)*

<input type="checkbox"/> Employed: <i>Job title</i>	<i>Employer:</i>
<input type="checkbox"/> In School: <i>Grade</i>	<i>School Name:</i>
<input type="checkbox"/> Unemployed <input type="checkbox"/> Other	<input type="checkbox"/> Self-employed <i>(job title):</i>

10. Are you Returning to School Yes No *(If yes, please answer the following)*

School: _____ *Grade/Year Level:* _____

Program: _____ *Start Date:* _____ *End Date:* _____

11. Highest Level of Education (Please check one) Year attained: _____

- No formal Education
- Grade 1 to Grade 5 Grade 6 Grade 7 Grade 8 Grade 9 Grade 10
- Grade 11 Grade 12 High School Graduate

12. Post-Secondary (Please check one if applicable) Year/Province attained: _____

- No Post-Secondary Non-University Certificate or Diploma such as trade certificate
- 1 Yr Diploma/Certificate 2 Yr Diploma/Certificate 3 Yr Diploma/Certificate
- 1 Yr No Diploma/Certificate 2 Yr No Diploma/Certificate 3 Yr No Diploma/Certificate
- Bachelor's Degree Master's Degree Doctorate

13. Primary Telephone () _____

Alternate Telephone _____

14. Email _____

15. Residential Address _____

16. Mailing Address Same as Residential

Street Address

City Province Postal Code

Street Address PO Box/RR#

City Province Postal Code

17. Client Assessment Date: _____ (MM/DD/YYYY)

Intervention Start Date: _____ End Date: _____

Activity Duration (total number of days): _____ Result: _____

18. Client Activity/Service: _____

19. What is your Job/Career interest? _____

20. Are you a Social Assistance Recipient? No Yes

21. Current EI Claimant? No Yes Within Past 3 Years? No Yes

22. Do you require Child Care for this action plan? No Yes

23. Financial Support Allocated to Child Care?

- Not Applicable Provincial Funding or subsidy
- No funding received Day care space not available
- Assisted by family/self-funded

24. Barriers to Employment (check all that apply)

- None Education Language
- Lack of Labour Force Attachment Economic Other barriers:
- Lack of Work Experience Dependent Care
- Lack of Transportation Lack of Marketable Skills
- Remoteness Physical, Emotional or Mental Health

My signature below means:

- I have answered all questions on this form and certify that all information I have provided is complete, accurate, and true.
- I understand Coast Salish Employment & Training Society (CSETS) and/or its Member Organization receives funding for this program from the federal government as a result of the Canada / Aboriginal Skills & Employment Training Strategy (ASETS) Agreement Holder.
- I understand that information I have provided on this form or that has been collected about me during my participation in this program will be forwarded to the HRSDC/Service Canada for evaluation purposes and reporting requirements as per signed ASETS Agreement.
- I consent to being contacted by HRSDC/Service Canada (or its agent) at intervals and up to 12 months after completion of my participation in this program for the purpose of program evaluation.
- I consent to the information I have provided on this form being shared with potential employers for assessment in job readiness.
- I understand that once signed, this document becomes a protected document under the *Personal Information Protection and Electronic Documents Act* or similar applicable provincial legislation.

Collection and Use of Information. All information is collected pursuant to section 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information provided will be used for administrative and evaluation purposes of this program.

Signature: _____

Print Name: _____ Date: _____

Assessed by Case Manager Use only: Additional Space for multiple actions

Client Start Date: _____	End Date: _____
Client Activity /Service: _____	
Client Start Date: _____	End Date: _____
Client Activity /Service: _____	
Client Start Date: _____	End Date: _____
Client Activity/Service: _____	

Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Partnership: <input type="checkbox"/> Yes <input type="checkbox"/> No
Case Mgr. Name _____	File # : _____
School/Course: _____	Cost: \$ _____
Start Date: _____	End Date: _____
Case File Outcome:	<input type="checkbox"/> No Contact w/client <input type="checkbox"/> Return to School <input type="checkbox"/> Self Employed <input type="checkbox"/> Change mind <input type="checkbox"/> No Follow thru <input type="checkbox"/> Found work <input type="checkbox"/> Unemployed

Closed Details:
