



Subsequent Activity Intervention Form



FOR OFFICE USE ONLY: (FOR CASE MANAGER(S) ONLY)

CLIENT NAME: _____

SIN: _____

EMPLOYABILITY DIMENSION:

- Employability Dimension – Career Decision-Making
- Employability Dimension – Job Search
- Employability Dimension – Skills Enhancement
- Employability Dimension – Employment Maintenance

ACTION PLAN START DATE: _____ (YYYY-MM-DD)

ACTION PLAN RESULT DATE: _____ (YYYY-MM-DD)

ACTION PLAN RESULT:

- Unemployed but Available for Work
- Self-Employed
- Unspecified – Client could not be reached
- Employed
- Returned to School
- No Longer in Labour Force

ACTION PLAN CHILDCARE NEED: (Is childcare required for this Action Plan?)

- No
- Yes

ACTION PLAN CHILDCARE FUNDED: (Choose type of support, if applicable)

- Not Applicable
- EI/CRF
- No Funding Received
- Assisted by Family/Self-Funded
- FNICCI
- Provincial Funding or Subsidy
- Daycare Space Not Available

ACTION PLAN COST: \$ _____ (Cost of Training and Supports)

INTERVENTION TYPE

(Choose all that apply – For definitions, please see *“Interventions Defined for the Aboriginal Skills and Employment Training Strategy (ASETS)”* Guide):

- Career Research and Exploration
- Diagnostic Assessment
- Employment Counselling
- Occupational Skills Training – Apprenticeship
- Occupational Skills Training – Certificate
- Occupational Skills Training – Degree
- Occupational Skills Training – Diploma
- Occupational Skills Training – Industry Recognized
- Self-Employment
- Skills Development – Academic Upgrading
- Work Experience – Job Creation Partnerships
- Work Experience – Student Employment
- Work Experience – Wage Subsidy
- Employer Referral
- Job Search Preparation Strategies
- Job Starts Supports
- Employment Retention Supports
- Referral to Agencies

INTERVENTION START DATE: _____ (YYYY-MM-DD)

INTERVENTION END DATE: _____ (YYYY-MM-DD)

INTERVENTION DURATION: _____ (Total Number of Days)

INTERVENTION COST: \$ _____ (Total Budgeted Costs of the Intervention)

INTERVENTION RELATED NOC: _____ (National Occupation Code – Maximum 4 Digits)

INTERVENTION RESULT:

- In progress
- Incomplete
- Failed to Report
- Completed
- Cancelled
- Rescheduled

COMMENTS:

INITIAL INPUT IN CONTACT IV
 RESULTS INPUT IN CONTACT IV

DATE: _____
DATE: _____

CASE MANAGER: _____

CLIENT SIN: _____-_____-_____