



SKOWNAN FIRST NATION EMPLOYMENT & TRAINING

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ARMS - Participant Information Form

(Client to fill in Pages 1 – 3)

File Number (Source of Funding)

CRF

010214344

EI

010214260

FNJF

12462016

Responsibility Centre (RC); 4186

CLIENT INFORMATION

CLIENT PROFILE

SIN:

Birthdate (m/d/y):

First Name:

Last Name:

Gender: Female Male

No. Dependents:

Disability Group:

- No Disability Learning Psychiatric
 Developmental Physical Speech
 Hearing Visual

Marital Status:

- Married or Equivalent Divorced Single
 Single Parent Separated Widowed

Visibility Minority: Yes No

ABORIGINAL

Native Group:

- No Response Not Aboriginal Registered Indian
 Non-Status Metis Inuit

Registration / Treaty #:

Reserve Status: On-Reserve Off-Reserve

LANGUAGES

Preferred Language: English French Other

Secondary: English French Other

Specify (if other):

Specify (if other):

HIGHEST LEVEL OF EDUCATION ATTAINED:

Primary/Secondary: Grade:

Year Attained:

- Post Secondary: No Post Secondary No Response
 1yr Dip/Cert 2yr Dip/Cert 3yr Dip/Cert
 1yr No Dip/Cert 2yr No Dip/Cert 3yr No Dip/Cert
 Bachelor's Degree Master's Degree Doctorate

Year Attained:

REMARKS

CONTACT INFORMATION

CURRENT CONTACT INFORMATION

Primary Telephone:

Email Address:

Alternate Telephone:

Fax #:

MAILING ADDRESS

Street/PO Box:

Street/PO Box:

City/Town:

City/Town:

Province:

Province:

Postal Code:

Postal Code:

RESIDENTIAL ADDRESS (if different)

CASEFILE SUMMARY

The **ASETS- Client Assessment** is a mandatory intervention that must be added for every client. This is found by scrolling down the Casefile Summary Screen and clicking on "Add Intervention".

Client Type:
 Claimant Reach back SAR Claimant SAR Reach Back SAR Other

CLIENT ASSESSMENT DETAILS

Education Province:

Childcare required for action plan: Yes No

Social Assistance Recipient: Yes No

Employment Insurance Claimant:
 Employment Insurance Claimant
 Reach-back client/former Claimant
 Non-insured client

Financial Support Allocated to childcare:
 Not Applicable FNICCI
 EI/CRF Provincial funding or subsidy
 No Funding Received Daycare Space not Available
 Assisted by family/self-funded

BARRIERS TO EMPLOYMENT

- None
- Lack of labour force attachment
- Lack of work experience
- Lack of transportation
- Remoteness
- Language

- Education
- Economic
- Dependant care
- Lack of marketable skills
- Physical, emotional or mental health
- Other barrier not listed above

TRAINING COURSE INFORMATION

(please provide and attach all course information here)

Name of Program _____

Name of Institute _____

Tuition Cost _____

Program Start Date _____

Book Cost _____

Program End Date _____

Total _____

Full/Part Time Hours _____

TYPE OF SPONSORSHIP REQUESTING

- Tuition only
- Tuition, Books, & Allowance (full sponsorship)
- Allowance only
- Tuition and Books
- Books only
- Travel Allowance only

What type of job will you seek when course is completed? _____

What *other* type of job could you find with this training? _____

Where will you seek employment once training is completed? _____

WORK EXPERIENCE HISTORY

Are you currently employed NO YES What is your Job Title/Position _____

Current Employer Name _____

Address _____

City/Town Community _____

Postal Code _____

Contact Person _____

Telephone and Fax _____

DISREGARD THIS SECTION IF APPLYING FOR SPONSORSHIP

If you are applying for the EMPLOYMENT MAINTENANCE ASSISTANCE, a **CONFIRMATION LETTER OF EMPLOYMENT** must be attached with application form.

EMPLOYMENT MAINTENANCE ASSISTANCE IS FOR EMPLOYMENT RELATED MATERIAL(S), AND WILL ONLY BE ISSUED ONE TIME PER PERSON. SKOWNAN FIRST NATION EMPLOYMENT & TRAINING STRONGLY ENCOURAGES THAT YOU RETAIN EMPLOYMENT FOR A MINIMUM OF 8 MONTHS; FUTURE REQUESTS FOR ASSISTANCE MAY BE OTHERWISE REFUSED.

Any other information you feel would assist the Skownan First Nation Employment & Training Committee in considering your application:

PARTICIPANT CONSENT TO RELEASE INFORMATION

I, _____ the undersigned, give my consent for Skownan First Nation Employment & Training to release the information contained in this form regarding my participation in an ASETS program to HRSDC/Service Canada/FPDI. I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that it may be used to determine my eligibility for the ASETS program and provided to HRSDC/Service Canada for evaluation and accountability of the ASETS program.

Participant Signature _____

Date (YYYY-MM-DD) _____

First Peoples Development Inc.

PHOTO RELEASE AND CONSENT FORM

I, _____ (participant's name), agree to be interviewed, photographed and/or videotaped by First Peoples Development Inc. Sub-Agreement Holder (FPDI - SAH), and agree that First Peoples Development Inc. (FPDI) will own all rights in perpetuity throughout the world in any resulting story, photograph and/or videotape for non-commercial use by FPDI at any time in the present or future in various forms such as print, video and electronic media.

I consent to the use and disclosure of elements of my personal information, contained in the said stories, photographs and/or videotapes.

I understand that my participation in the said project is voluntary and there will be no fee paid to me by FPDI - SAH for the rights to use this material. The refusal to participate will in no way negatively impact any future dealings I may have with FPDI.

I understand that this personal information has been requested by FPDI for possible use with the public by FPDI, in any public forum and in any form or by any means.

I agree with the above.

Signature*: _____ **Date:** _____

* Signature of parent or guardian if participant is under the age of majority in province of residence.

Print Name _____

Address _____

FPDI - SAH _____

Date _____

(SHADED AREA FOR OFFICE USE ONLY)

FOR OFFICE USE ONLY: (CASE MANAGERS ONLY)

***RETURN TO CASEFILE AND ADD NEW INTERVENTION**

SELECT THE NEW INTERVENTION:

Job Starts Supports

(complete Intervention Details)

Referral to agencies

Career Research and Exploration

Employment Counselling

Diagnostic Assessment

(complete Intervention Details and Part A)

Job Search Preparation Strategies

Employment Referral

Employment Retention Supports

Self Employment

Work Experience – Student Employment

Work Experience – Job Creation Partnerships

(complete Intervention Details and Part B)

Work Experience – Wage Subsidy

Occupational Skills Training – Apprenticeship

Occupational Skills Training – Industry Recognized

Occupational Skills Training – Certificate

Skills Development – Essential Skills

Occupational Skills Training – Diploma

Skills Development – Academic Upgrading

Occupational Skills Training – Degree

(complete Intervention Details and Part C)

INTERVENTION DETAILS

Start Date:

End Date:

Intervention Result:

Complete

Incomplete

Unspecified

Failed to Report

Cancelled

Rescheduled

PART A

Goal Status:

Not-Set

Set

Achieved

Not Achieved

Goal Description:

PART B

NOC Code or job title:

Employer:

Description of duties:

PART C:

Course:

Institution:

NOC Code or job title:

Title:

Status:

Not-Set

Set

Achieved

Not Achieved

COMMENTS

FOR OFFICE USE ONLY: (CASE MANAGERS ONLY)

***RETURN TO CASEFILE AND GO TO CONTRACT MANAGEMENT and SELECT PROGRAMS**

Project Details -

ADD Program

CRF EI FNJF

Project ID

Project Title

Start Date

End Date

Description

Expenditures

Type- Choose the expenditure type

- Books
- EI Top-Up Allowance
- Exam/License Fees
- Job Creation
- Mobility Assistance
- Other
- Participant Allowance
- Supplementary Allowance
- Training Costs – Private
- Training Costs – Public
- Travel
- Wage Subsidy
- Work Start Up /Supplies

Date

Amount

Description

Budget - Enter the budget allocated to the client for this specific intervention for the budget year

Cashflow - Under cashflow, projected expenditures can be entered to allocate the yearly budget for each client by intervention. Enter total amounts projected by month. Click save after any adjustments. Cashflow can only be projected for the months when the intervention is taking place. If the training intervention ends in April, do not enter projections for May. A budget must be entered to determine the correct surplus or deficit.

Keep in mind, that expenditures projected for each month must be spent through allocating expenditures, or the projections are deemed unneeded. For example, if for the month of April you anticipate spending 800, (400 on allowances, 200 on equipment, and 200 on transportation), but by May 1, you have only entered expenditures for the allowances and transportation, the 200 for equipment will be deemed unneeded by cashflow. The cashflow is designed to track expenditures and projections for your convenience.

Summary - The financial summary is a brief overview of the budget for each fiscal year, as shown below.

Case Manager _____	Client SIN: _____
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