



Participant Information Form

All participants MUST complete this form **IN FULL** prior to project commencement. All information is confidential and will be utilized for statistical purposes only. We will also use information provided on this form as a tool to base your income support should you be successful in acquiring approval as a participant or for funding.

Office Use			
Employer / Coordinator		Agreement #	
Project Name		Funding	Program
		Start Date	End Date
Basic Info			
Social Insurance Number		Date of Birth (day/month/year)	
Last Name		First Name and Initial	
Home Address – Number & Street / Rural Route			
City/Town		Province	Postal Code
Telephone:		Email:	
Mailing Address – Number & Street / Rural Route (if different from home address)			
City or Town		Province	Postal Code
Aboriginal Group	Marital Status	Gender <input type="radio"/> Male <input type="radio"/> Female	Language Spoken
<input type="radio"/> Status	<input type="radio"/> Single	Disabled <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Aboriginal Language ONLY
<input type="radio"/> Non Status	<input type="radio"/> Married/Common-law		<input type="radio"/> English ONLY
<input type="radio"/> Metis	<input type="radio"/> Separated	# of Dependant Children:	<input type="radio"/> French ONLY
<input type="radio"/> Inuit	<input type="radio"/> Divorced		<input type="radio"/> Aboriginal & English
<input type="radio"/> Other	<input type="radio"/> Widowed		<input type="radio"/> Aboriginal & French
			<input type="radio"/> Aboriginal, English & French
First Nation (if applicable):		Registry Number:	Do you currently reside on reserve?
Education Level & Province (choose 1)			
<input type="radio"/> No formal Education	<input type="radio"/> Up to Grade 7-8	<input type="radio"/> Grades 9-10	
<input type="radio"/> Grade 10-12	<input type="radio"/> Secondary School diploma or GED	<input type="radio"/> Some Post Secondary	
<input type="radio"/> Apprenticeship/Trades Certificate	<input type="radio"/> College, CEGEP or other certificate or diploma	<input type="radio"/> University Certificate or Diploma	
<input type="radio"/> University Bachelor Degree	<input type="radio"/> University Masters Degree	<input type="radio"/> University Doctorate	
Barriers to Employment (choose 1)			
<input type="radio"/> None	<input type="radio"/> Lack of Labour Force Attachment	<input type="radio"/> Lack of Experience	
<input type="radio"/> Lack of Transportation	<input type="radio"/> Remoteness	<input type="radio"/> Language	
<input type="radio"/> Education	<input type="radio"/> Economic	<input type="radio"/> Dependant Care	
<input type="radio"/> Lack of Marketable Skills	<input type="radio"/> Physical or Mental Health	<input type="radio"/> Other Barrier Not Listed	
Client Activity			
Please tell us what activities you were engaged in during the last 12 months and for how long?		Please answer the following three questions if you were employed during the past 12 months:	
<input type="radio"/> Employed Full Time	_____ months	What is/was the occupation of your last job?	
<input type="radio"/> Employed Part Time	_____ months	_____	
<input type="radio"/> Self Employed	_____ months	What are/were your normal weekly hours of work?	
<input type="radio"/> Unemployed	_____ months	_____	
<input type="radio"/> In School/Training	_____ months	What are/were your normal weekly gross wages?	
<input type="radio"/> Homemaking	_____ months	_____	
<input type="radio"/> Other _____	_____ months	_____	
Income			
Are you presently on:			
<input type="radio"/> Employment Insurance	Benefit Rate (Bi weekly) _____		
<input type="radio"/> Social Assistance	Benefit Rate (monthly) _____		
<input type="radio"/> Other Income	Amount _____		
Does spouse receive income? If yes, what is his / her income?			

Have you received EI in the previous three years? <input type="radio"/> Yes <input type="radio"/> No			
Have you received Parental Benefits through EI within the previous 5 years? <input type="radio"/> Yes <input type="radio"/> No			
Signature			
I certify that the information given in this form is to the best of my knowledge complete and correct.			
Signature of Client _____			Date _____