



Native Women's
Association of Canada

L'Association des
femmes autochtones
du Canada



CONFIDENTIAL (When completed)

Participant Information Form - English

The following information is required by NWAC and MMVI for funding purposes. All clients must complete this and forward to the NWAC & MMVI ISET Coordinator. All client information must be provided prior to commencement of any intervention. This information is highly confidential and will be utilized to determine eligibility for the ISET program.

PERSONAL INFORMATION	
Social Insurance Number (SIN):	Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss
Last Name:	First Name:
Middle Name(s)/Initials:	Common Name: (if applicable):
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse	Date of Birth: _____ / _____ / _____ YYYY MM DD
Aboriginal Group: <input type="checkbox"/> Registered Indian <input type="checkbox"/> Non-status Indian <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	
Treaty/Status/Métis Number:	Home Community:
Citizenship:	Preferred Language:
Marital Status: <input type="checkbox"/> Married or equivalent <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<i>If married or equivalent, spouse's name:</i>	
Dependent Children: <input type="checkbox"/> No <input type="checkbox"/> Yes	
<i>Please list ages of children:</i>	
Do you consider yourself to have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	
Other than Aboriginal do you belong to a visible minority group? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you currently a Social Assistance recipient? <input type="checkbox"/> No <input type="checkbox"/> Yes
Labour Force Attachment: <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Underemployed <input type="checkbox"/> Other:	
CONTACT INFORMATION	
Apt. or Box #:	Street Address:
City/Province:	Postal Code:
Other Address: <input type="checkbox"/> Mailing Address	<input type="checkbox"/> Other Address, specify:



Funded by the Government of Canada's Employment and Social Development
Canada (ESDC)

ISET Forms 2019

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Home Phone:		Cell Phone:	
Alternate Phone:		Email:	
Emergency Contact Name:		Phone #:	Relationship:

BUDGET

Are you currently receiving any other funding sources (Band funding, student loans, etc.)?

No Yes, what program?

If married or equivalent, does your spouse have a monthly income?

No Yes, amount? \$

Please list any other sources of income:

Source	Description	Amount

Have you ever received funds from an NWAC Program?

No Yes, what program?

EDUCATION LEVEL

Education: (Choose all that apply)

- No formal education
- Up to Grade 7-8 (Secondaire I-II) - Year completed: _____
- Grade 9-10 (Secondaire. III) - Year completed: _____
- Grade 11-12 (Secondaire IV-V) - Year completed: _____
- Secondary School Diploma or GED - Year completed: _____
- Some post-secondary training - Year completed: _____
- Apprenticeship/ trades certificate or diploma - Year completed: _____
- College, CEGEP, or other non-university certificate or diploma - Year completed: _____
- University certificate or diploma - Year completed: _____
- University - Bachelor Degree - Year completed: _____
- University - Masters degree - Year completed: _____
- University – Doctorate - Year completed: _____

Province/Territory in which highest level of education & year attained:

EMPLOYMENT GOALS	
What are your short-term employment goals?	
What are your long-term employment goals?	
Are there employment opportunities in your area that match with your employment goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you researched the career field you are interested in to know what is required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your current employment barrier(s)? What do you think is stopping you from having a job now?	
What is required to reach your employment goals? List what you need to do to make your goals a reality.	
If you have already identified a training program or employer please list the details (e.g. institution/employer, length of training, start date/end date, expected outcome). <i>Please attach your acceptance letter.</i>	
What supports are you looking for? Please list all associated costs (e.g. tuition, books/materials, testing fees etc.).	
What supports do you currently have that will help you reach your employment goals? Do you have anyone or anything that will motivate you or help you succeed (e.g. family, elder, counsellor, community organization)?	
Are you willing to relocate, if required for training?	<input type="checkbox"/> No <input type="checkbox"/> Yes, where?
Are you willing to relocate, if required for employment?	<input type="checkbox"/> No <input type="checkbox"/> Yes, where?

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Childcare need: (Is childcare being requested)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Childcare Funded:	<input type="checkbox"/> Not applicable	<input type="checkbox"/> EI/CRF	<input type="checkbox"/> Provincial funding/subsidy
(Support currently received)	<input type="checkbox"/> FNICCI	<input type="checkbox"/> No funding received	<input type="checkbox"/> Daycare not available
	<input type="checkbox"/> Assisted by family	<input type="checkbox"/> Self-funded	

PARTICIPANT CONSENT TO RELEASE INFORMATION

I, _____, the undersigned give my consent for the Native Women's Association of
(Client Name)

Canada and Manitoba Moon Voices Inc. to release the information contained in this form regarding my participation in an ISET program to Employment and Social Development Canada (ESDC). I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that may be used to determine my eligibility for the ISET program and provided to ESDC for the evaluation and accountability of the ISET program. I give my consent for the ISET Coordinator to contact other service/funding providers regarding my application and other sources of income.

Participant Signature _____

Date _____

Referral No Yes, referred by:

Phone #: