**Participant Information Form – English**

**Submit completed application by email (****shoskie@mmvi.ca****) or by fax (204-615-5300).**

Applicants to the ISET program are required to complete this form. All the requested information must be filled out before the ISET program can begin providing any support to you. Your information will be kept confidential in accordance with Canadian privacy laws upon completion and submission. The information submitted is used to determine your eligibility for the ISET program, and the funding you may receive.

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| **PERSONAL INFORMATION** |
| Social Insurance Number (SIN): | Title: [ ]  Ms. [ ]  Mrs. [ ]  Miss |
| Last Name: | First Name: |
| Middle Name(s)/Initials: | Preferred Name: *(if applicable):* |
| Gender: [ ]  Female [ ]  Gender Diverse | Date of Birth: \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ YYYY MM DD |
| Indigenous Group: [ ]  Status First Nation [ ]  Non-status First Nation [ ]  Métis [ ]  Inuit |
| First Nation/Inuit/Metis Number: | Home Community: |
| Citizenship: | Preferred Language: |
| Marital Status: [ ]  Married or equivalent [ ]  Single [ ]  Separated [ ]  Divorced [ ]  Widowed*If married or equivalent, spouse’s name:* |
| Dependent Children: [ ]  No [ ]  YesP*lease list ages of children:*  |
| Do you consider yourself to have a disability? [ ]  No [ ]  Yes, please specify: |
| Other than Indigenous do you belong to a visible minority group?  [ ]  No [ ]  Yes | Are you a currently a Social Assistance recipient?[ ]  No [ ]  Yes |
| Labour Force Attachment: [ ]  Unemployed [ ]  Student [ ]  Employed Full-time [ ]  Employed Part-time [ ]  Self-Employed [ ]  Underemployed [ ]  Other:  |
| **CONTACT INFORMATION** |
| Apt. or Box #: | Street Address: |
| City/Province: | Postal Code: |

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| Other Address: [ ]  Mailing Address [ ]  Other Address,specify:  |
| 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** |
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| Have you ever received funds from an NWAC or MMVI 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:** |

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| **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? [ ]  Yes [ ]  No |
| Have your researched the career field you are interested in to know what is required? [ ]  Yes [ ]  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). *Please attach your acceptance letter.* |
| 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? [ ]  No [ ]  Yes, where?Are you willing to relocate, if required for employment? [ ]  No [ ]  Yes, where? |
| Childcare need: *(Is childcare being requested)* [ ]  No [ ]  Yes |
| Childcare Funded: [ ]  Not applicable [ ]  EI/CRF [ ]  Provincial funding/subsidy *(Support currently received)* [ ]  FNICCI [ ]  No funding received [ ]  Daycare not available [ ]  Assisted by family [ ]  Self-funded  |
| **PARTICIPANT CONSENT TO RELEASE INFORMATION** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , the undersigned give my consent for Manitoba Moon Voices Inc. & the  (Client Name)Native Women’s Association of Canada to release the information contained in this form regarding my participation in an ISET program to Employment and Skills Development Canada (ESDC). I acknowledge that the information is collected and administered in accordance with the *Privacy Act*, the *Department of Employment and Social Development Canada Act* and the *Access to Information Act*. Information collected is used to determine eligibility for the ISET program; measure the results of this Agreement and evaluate the Agreement’s success; evaluate the success of the Program in achieving its objective; and, meet its obligation of accountability by reporting on the results of the Program and its success in achieving its objectives. 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 |

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| **Referral [ ]  No [ ]  Yes, referred by: Phone #:** |