



## APPLICATION FOR SERVICE

CLIENT INFORMATION	
Legal Last Name:	Legal First Name:
Legal Middle Name:	Other Name (if applicable)
Social Insurance Number:     -     -	Date of Birth:
<b>Contact Information</b>	Address 1: _____ Phone: (     )     -     _____
	Address 2: _____ Cell: (     )     -     _____
	Communit _____ Email: _____
	Prov/Terr: _____ Alt. Contact: _____
	Postal _____ Alt. Phone: (     )     -     _____
*Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/> Prefer not to report	
*Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married or equivalent <input type="checkbox"/> Prefer not to report	
*Number of Dependents: _____ <input type="checkbox"/> None <input type="checkbox"/> Prefer not to report	
Federal Language Preferred: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Not a federal official language	
Do you identify yourself as an Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to report <b>If yes, are you?</b> <input type="checkbox"/> Dene <input type="checkbox"/> Inuit <input type="checkbox"/> Inuvialuit <input type="checkbox"/> Métis <input type="checkbox"/> Southern Indigenous <input type="checkbox"/> Other If other, please identify your affiliation. <i>[optional]</i>	
*Do you identify yourself as a Person with a <b>Disability</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to report	
*Do you identify as a visible minority? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to report	
What is your citizenship status? <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other: <input type="checkbox"/> Temporary Foreign Worker <input type="checkbox"/> Prefer not to report	
If you are a Canadian Citizen that immigrated to Canada, how did you enter? <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Sponsored <input type="checkbox"/> Prefer Not to Report	
If you immigrated to Canada, what year did you arrive? _____ <input type="checkbox"/> Prefer not to report	

*Definitions/Explanations	
<b>Gender Identity:</b>	X recognizes a third gender option and is respectful of transgender, two-spirited, intersex, and non-binary residents.
<b>Marital Status &amp; Number of Dependents:</b>	Allows the NWT and federal government to assess the impact of programs on under-represented groups identified through family composition/size.
<b>Person with a Disability</b>	Additional support is available for persons with disabilities to access programs.
<b>Visible Minority:</b>	Persons; other than Indigenous peoples; who are non-Caucasian in race or non-white in colour.



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EDUCATION	
What is the highest level of education you have achieved? <input type="checkbox"/> Less than High School <input type="checkbox"/> High School <i>[(includes GED)]</i> <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> College, CEGEP, Apprenticeship Training certificate or diploma <input type="checkbox"/> University Degree <input type="checkbox"/> Prefer not to report <input type="checkbox"/> Other: Any educational qualifications that do not fit in the above described categories When did you achieve this level of education? <i>[year]:</i>	
Journeyman Certificate of Qualification? <input type="checkbox"/> Yes   Trade: <input type="checkbox"/> No Issued by <i>[Prov/Terr]:</i> Have you completed Apprenticeship Technical Training? <input type="checkbox"/> Yes   Trade: <input type="checkbox"/> No When did you achieve this level of education? <i>[year]:</i>	
CURRENT EMPLOYMENT STATUS	
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Not in Labour Force <input type="checkbox"/> Student	
If employed, the job is: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary/Casual <input type="checkbox"/> Seasonal <i>[Check all that apply]</i> <input type="checkbox"/> Full Time <i>[30 + hours per week]</i> <input type="checkbox"/> Part Time <i>[&lt;30 hours per week]</i>	
Employer:	Job Title:
Hourly Wage: \$	Hours worked per week:
If you are unemployed or not in the labour force: Are you receiving Employment Insurance (EI)? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you applied for EI <input type="checkbox"/> Yes <input type="checkbox"/> No Are you receiving Income Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you received EI within the past 5 years (including maternity or paternity benefits)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are a student or on a training course: What is the name of the training course and/or school?	
PREVIOUS WORK HISTORY <i>[Last 2 employers starting with most recent]</i>	
<b>Employer #1:</b>	Job Title:
Hourly Wage: \$	Hours worked per week:
The job was: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary/Casual <input type="checkbox"/> Seasonal <i>[Check all that apply]</i> <input type="checkbox"/> Full Time <i>[30 + hours per week]</i> <input type="checkbox"/> Part Time <i>[&lt;30 hours per week]</i>	
Date started <i>[approx. month/year]:</i>	Date ended <i>[approx. month/year]:</i>
Reason for Leaving:	

July 2020



<b>Employer #2:</b>	Job Title:
Hourly Wage: \$	Hours worked per week:
The job was: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary/Casual <input type="checkbox"/> Seasonal [Check all that apply] <input type="checkbox"/> Full Time [30 + hours per week] <input type="checkbox"/> Part Time [<30 hours per week]	
Date started [approx. month/year]:	Date ended [approx. month/year]:
Reason for Leaving:	

Services I may be seeking	
<input type="checkbox"/> Career Counselling	<input type="checkbox"/> Resume Writing/Job Search Assistance
<input type="checkbox"/> Skills Development	<input type="checkbox"/> Work Experience
<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Self-Employment
<input type="checkbox"/> Assistance for Persons with Disabilities	<input type="checkbox"/> Youth Employment
<input type="checkbox"/> Educational Assistance (upgrading)	<input type="checkbox"/> Unsure/Don't know

STATEMENT OF AUTHORIZATION
<p>This personal information is being collected by the NWT Department of Education, Culture and Employment under the authority of the <i>Access to Information and Protection of Privacy Act</i> section 40(c), and is protected by the privacy provisions of that Act. The information will be used to determine eligibility for ECE programs funded by federal agreements related to Labour Market Development and Workplace Development, for the administration and enforcement of those programs, for monitoring and assessment of the effectiveness of services, and for evaluation and reporting the results of both territorial and federal programs.</p> <p>If you have any questions about this collection, contact the Regional Manager or Regional Superintendent in your area or call (867) 767-9351.</p>
<p>I certify that the information given above is true and complete in every respect. I am aware legal action may be taken against me for making false statements to Education, Culture and Employment (ECE) regarding changes to the above information.</p> <p>I understand that the information above may be disclosed to authorized representatives of Employment and Social Development Canada (ESDC), Indigenous Skills and Employment Training (ISET) service delivery organizations, any other federal/provincial/territorial departments and agencies, for the purposes of determining my eligibility for ECE program funding, program evaluation and reporting. I accept that information may also be shared by these organizations for the purpose of determining eligibility for the program.</p> <p>I recognize that program participants may be required to assist with the evaluation of the program by participating in a 12-week follow-up survey after completion. These surveys would ask about my satisfaction with the training and whether or not the training has improved my employment.</p>
<p>_____</p> <p>Participant Signature <span style="float: right;">Date</span></p>

July 2020