



WABUN TRAINING & EMPLOYMENT SERVICE

313 Railway Street, Timmins, ON P4N 2P4
 Phone (705) 268-9066 Fax (705) 268-8554 Toll Free: 1-800461-5623

PARTICIPANT INFORMATION FORM

The following information is required by **Wabun Training & Employment** for funding purposes. This form must be completed by **all** participants prior to project or training commencement. All information is confidential and will be utilized to determine eligibility for **WTES** programs. We will use this as a tool to base your income support should you be successful in acquiring approval as a participant or for funding.

(For office use only) Sponsor	File #
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1. Personal Information			
Social Insurance Number :		Date of Birth (YYYY / MM / DD) : ____ / ____ / ____	
First Name :	Last Name:	Middle Initial:	
Street Address:	PO Box #:	Apt #:	City :
Province:	Postal Code:	Email Address :	
Home Phone #:	Cell Phone #:	Other Phone #:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Labour Force Attachment: <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Student	
Marital Status: <input type="checkbox"/> Married or Equivalent <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated			
Visual Minority: <input type="checkbox"/> No Declared <input type="checkbox"/> Not Visible Minority <input type="checkbox"/> Visible Minority			

2. First Nation Details	3. Funding Sources
First Nation:	Social Assistant Recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal Group : <input type="checkbox"/> Registered Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Metis <input type="checkbox"/> Inuit	Employment Insurance (EI) Claimant: <input type="checkbox"/> EI Claimant <input type="checkbox"/> Reach Back/Former Client <input type="checkbox"/> Non Insured Client

4. Previous WTES/HRDC Training
Have you received prior training through WTES/HRDC? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? _____

5. Childcare	
Number of Dependents:	Action Plan Childcare Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Funding Received for Childcare (If applicable) If your are receiving any of the following funding Please select the appropriate Number	1. <input type="checkbox"/> Not Applicable 2. <input type="checkbox"/> FNICCI 3. <input type="checkbox"/> EI / CRF 4. <input type="checkbox"/> Provincial Funding or Subsidy 5. <input type="checkbox"/> No Funding Received 6. <input type="checkbox"/> Daycare space not available 7. <input type="checkbox"/> Assisted by Family / Self-Funded

6. Language(s) Please circle the appropriate number which best describes the Languages that you speak.	
1. <input type="checkbox"/> Aboriginal Language(s) Only	5. <input type="checkbox"/> Aboriginal Language(s) and French
2. <input type="checkbox"/> English Only	6. <input type="checkbox"/> English and French
3. <input type="checkbox"/> French Only	7. <input type="checkbox"/> Aboriginal Language(s) English and French
4. <input type="checkbox"/> Aboriginal Language(s) and English	8. <input type="checkbox"/> None of the Above

6. Education History	7. Reasons for Lack of Employment
<i>Please select the highest level of education completed</i>	<i>Please select any barrier(s) to employment</i>
1. <input type="checkbox"/> No Formal Education	1. <input type="checkbox"/> None
2. <input type="checkbox"/> Up to Grade 7-8	2. <input type="checkbox"/> Lack of Labour Force Attachment
3. <input type="checkbox"/> Grade 9-10	3. <input type="checkbox"/> Lack of Work Experience
4. <input type="checkbox"/> Grade 11-12	4. <input type="checkbox"/> Lack of Transportation
5. <input type="checkbox"/> Secondary School Diploma or GED	5. <input type="checkbox"/> Remoteness
6. <input type="checkbox"/> Some Post-Secondary Training	6. <input type="checkbox"/> Language
7. <input type="checkbox"/> Apprenticeship or Trades Certificate or Diploma	7. <input type="checkbox"/> Education
8. <input type="checkbox"/> College, CEGEP or other Non-University Certificate or Diploma	8. <input type="checkbox"/> Economic
9. <input type="checkbox"/> University - Certificate or Diploma	9. <input type="checkbox"/> Dependent Care
10. <input type="checkbox"/> University - Bachelor Degree	10. <input type="checkbox"/> Lack of Marketable Skills
11. <input type="checkbox"/> University - Master's Degree	11. <input type="checkbox"/> Physical, Emotional or Mental Health
12. <input type="checkbox"/> University - Doctorate	12. <input type="checkbox"/> Other Barrier not Listed Above

Participants Signature: _____ **Date:** _____

Under the Privacy Act the personal information collected on this form may be accessed by the participant. The information is kept on file at the WTES offices.