



# PARTICIPANT REGISTRATION

Last Name:	First Name:	Middle Name:
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## Details

Aboriginal Group:	Inuit <input type="checkbox"/>	Métis <input type="checkbox"/>	Non-Status <input type="checkbox"/>	<input type="checkbox"/> Off-reserve <input type="checkbox"/> On-reserve
First Nation:			Band Number: (10 digit)	
Dependant Ages:				Resume Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will follow
<b>Transportation</b>		Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type:
Access to Transportation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Willingness to Relocate:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Source of Income...You Must Select One

Employment Insurance (EI)                       Ontario Disability Support Program (ODSP)  
 Ontario Works (OW)                                 Dependant of OW/ODSP  
 Crown Ward Extended Care and Maintenance     No Income  
 Other, *specify*

## Notice of Collection and Consent

Gezhtoojig Employment and Training may collect relevant information to monitor, access, and evaluate the effectiveness of Employment/Training Service. As sponsoring agent, we will use your personal information to administer and finance Employment/Training Service. Any exchange of personal information will be held confidential between all parties noted below:

<input type="checkbox"/> Employment Insurance (EI)	<input type="checkbox"/> Other LDM
<input type="checkbox"/> Employment Ontario/MTCU	<input type="checkbox"/> First Nation
<input type="checkbox"/> Ontario Works <input type="checkbox"/> Ontario Disability Support Program (ODSP)	<input type="checkbox"/> Employer
<input type="checkbox"/> Aboriginal Labour Force Development Circle	<input type="checkbox"/> Training Institution
<input type="checkbox"/> Union of Ontario Indians	<input type="checkbox"/> Other

By signing below, I give consent to Gezhtoojig Employment and Training to collect, use and disclose my personal information for the purposes set out above. <b>Signature of Participant:</b> <b>X</b> _____	<b>Date:</b>  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-right: 1px solid black;"><b>DD</b></td> <td style="text-align: center; border-right: 1px solid black;"><b>MM</b></td> <td style="text-align: center;"><b>YYYY</b></td> </tr> <tr> <td style="text-align: center; border-right: 1px solid black; height: 30px;"> </td> <td style="text-align: center; border-right: 1px solid black; height: 30px;"> </td> <td style="text-align: center; height: 30px;"> </td> </tr> </table>	<b>DD</b>	<b>MM</b>	<b>YYYY</b>			
<b>DD</b>	<b>MM</b>	<b>YYYY</b>					

## Consent to Receive Email Updates

To subscribe to Gezhtoojig Employment & Training's Email Distribution List for our program updates, news, announcements, employment opportunities and invitations to events please check  **I CONSENT** or  **No Thanks**. Should you change your mind, please note that you can change your consent at any time by clicking on the "unsubscribe" button found at the bottom of our electronic messages.

**Email Address:** \_\_\_\_\_

As your Service Provider how would you rate Gezhtoojig Employment and Training's Services?  
 Please rate on a scale of 1 to 5 (1 poor, 5 excellent):

1     2     3     4     5

## This Section Completed by Employment Services Officer Only

<p style="background-color: yellow; margin: 0;"><b>Barriers To Employment:</b></p> <p> <input type="checkbox"/> None                                      <input type="checkbox"/> Education  <input type="checkbox"/> Lack of Labour Force Attachment    <input type="checkbox"/> Economic  <input type="checkbox"/> Lack of Work Experience                <input type="checkbox"/> Dependant Care  <input type="checkbox"/> Lack of Transportation                 <input type="checkbox"/> Lack of Marketable Skills  <input type="checkbox"/> Remoteness                                <input type="checkbox"/> Physical, Emotional or Mental Health  <input type="checkbox"/> Language                                    <input type="checkbox"/> Other Barrier Not Listed         </p>	<p style="background-color: yellow; margin: 0;"><b>ESO NOTES:</b></p>
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