



# PARTICIPANT REGISTRATION

Last Name:	First Name:
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## DETAILS

FIRST NATIONS <input type="checkbox"/>	<input type="checkbox"/> Off-reserve <input type="checkbox"/> On-reserve	METIS <input type="checkbox"/>	INUIT <input type="checkbox"/>	NON-STATUS <input type="checkbox"/>	
First Nation Band Affiliation ( <i>Community</i> ):			Band No. ( <i>10 digit</i> )		
Number of Dependents: _____	Age: _____	Age: _____	Age: _____	Age: _____	RESUME ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO
Driver's License: <input type="checkbox"/> Y <input type="checkbox"/> N Type: _____		Access to Transportation: <input type="checkbox"/> Y <input type="checkbox"/> N		Willingness to Relocate: <input type="checkbox"/> Y <input type="checkbox"/> N	

## SOURCE OF INCOME...*You Must Select One*

<input type="checkbox"/> EI Employment Insurance	<input type="checkbox"/> OW Ontario Works	<input type="checkbox"/> ODSP Ontario Disability Support Program	<input type="checkbox"/> Other, <i>specify</i> : _____
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## NOTICE OF COLLECTION AND CONSENT

I understand that Gezhtoojig Employment and Training may collect relevant information to monitor, access, and evaluate the effectiveness of Employment/Training Service and to administer and finance Employment/Training Service. Any exchange of personal information will be held confidential between all parties below:

Representative	Initial	Representative	Initial
• Employment Insurance		<input type="checkbox"/> First Nation:	
• Employment Ontario		<input type="checkbox"/> Other LDM:	
• Aboriginal Labour Force Development Circle		<input type="checkbox"/> Employer:	
• Union of Ontario Indians		<input type="checkbox"/> Training Institution:	
<input type="checkbox"/> Other:		<input type="checkbox"/> Ontario Disability Support Program	
<input type="checkbox"/> Other:		<input type="checkbox"/> Ontario Works	

I hereby grant permission to Gezhtoojig Employment and Training to collect, use and disclose my personal information when required, on an as needed basis for the purposes set out above.

**SIGNATURE OF PARTICIPANT:** \_\_\_\_\_

**DD**    **MM**    **YYYY**

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## CONSENT TO RECEIVE EMAIL UPDATES

To receive emails from Gezhtoojig about our program & services, employment opportunities and invitations to events please check one of the two options :  **YES I CONSENT**    or     **NO THANKS**

**I CONSENT** ... Email Address: \_\_\_\_\_

SIGNATURE for Consent: \_\_\_\_\_

Please note: To change your consent click on the “unsubscribe” button found at the bottom of our electronic messages.

## SERVICE RATING

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

## BARRIERS TO EMPLOYMENT: (Do not fill out this Section)

<input type="checkbox"/> None	<input type="checkbox"/> Education	<input type="checkbox"/> Lack of Transportation
<input type="checkbox"/> Lack of Labour Force Attachment	<input type="checkbox"/> Economic	<input type="checkbox"/> Remoteness
<input type="checkbox"/> Lack of Work Experience	<input type="checkbox"/> Dependant Care	<input type="checkbox"/> Other Barrier Not Listed
<input type="checkbox"/> Lack of Marketable Skills	<input type="checkbox"/> Language	<input type="checkbox"/> Physical, Emotional or Mental Health