



# PARTICIPANT REGISTRATION

Last Name:		First Name:			
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... <i>You Must Select One</i>					
<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> :	
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
X _____					
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 : <input type="checkbox"/> YES I CONSENT or <input type="checkbox"/> NO THANKS					
<input type="checkbox"/> 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): _____					
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 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	