



A: PERSONAL INFORMATION

First Name & Middle Initial _____

Last Name _____

Date of Birth: ____/____/____ Age: ____ Gender: Male Female Non-Binary
Day Month Year

Marital Status: Single Single Parent Divorced Widowed Separated Married or Equivalent

Dependents: Number of Dependents: ____ Age of Dependents: ____

Language Preference: English French Other (Specify): _____

To be eligible for MMF Programs & Services you must be a Red River Métis Citizen:

MMF Citizenship #: ____ MMF Region: ____ MMF Local: ____

Mailing Address: ____ City: ____ Prov: ____ Postal Code: ____

Email Address: ____ Phone #: ____

Have you received MMF sponsorship in the past? ____ If yes, When: ____

Name of Course/Program: ____ Result: ____

Training Institution: ____ Location: ____

Employment Status: Employed Unemployed Student

Current Income Source:

Employment Employment & Income Assistance (EIA) Employment Insurance (EI) Student Loan

Other (Specify): _____

If you are receiving EIA supports, please provide the following:

EIA Worker Name: ____ Office Location: ____

Health Status: Do you have any health concerns we should be aware of? ____ If yes, please elaborate:

Do you consider yourself to be a person with a disability? ____ If yes, please elaborate:

Do you require accommodations to support your disability? ____ If yes, please elaborate:

B: EDUCATION, TRAINING & SKILLS

Highest Level of Education Attained: Primary / Secondary (Grade): ____ Year Attained: ____

Diploma or GED Received? ____

Are you currently attending Post-Secondary training: _____ If yes, please provide:
Institution Name: _____ Name of Program: _____

Have you previously attended Post-Secondary training: _____ If yes, did you obtain:
Certificate Diploma Degree Bachelor's Degree Master's Degree
Name of Program: _____ Year Completed: _____

Certificate(s)

Please check all applicable boxes.

Chainsaw Safety: Expiry Date: _____ Confined Space & H2S Alive: Expiry Date: _____
First Aid/CPR: Expiry Date: _____ Forklift: Expiry Date: _____
Safe Food Handling: Expiry Date: _____ Skid Steer: Expiry Date: _____
Transportation of Dangerous Goods: Expiry Date: _____ WHMIS: Expiry Date: _____
Other(s): _____

Certified Tradesperson: Which Trade: _____

Driver's License

Please check all applicable boxes.

Valid driver's license: Yes No If yes, which class? Class 1: Class 2: Class 3: Class 4: Class 5:
Class 6: Air Endorsed: Yes No

Access to a vehicle: Yes No

Computer Skills

Do you have experience using:

Access: Adobe: Excel: Internet: One Drive: Outlook: Power Point: Publisher:
Teams: Word: Other(s): _____

C: EMPLOYMENT HISTORY

Employment	Most Recent Employer			2nd Most Recent			3rd Most Recent		
Company Name									
Job Title									
City/Province									
Type of Employment	Full Time	Part Time		Full Time	Part Time		Full Time	Part Time	
	Term	Seasonal	Casual	Term	Seasonal	Casual	Term	Seasonal	Casual
Start Date									
End Date									
Reason for Leaving									

D: SERVICE REQUESTED

What would be restraining you from accessing employment or training?

What do you see as your barriers to Employment or Training (Please check all that apply)

Lack of labour force attachment	Lack of work experience	Lack of transportation
Education	Financial	Lack of marketable skills
Language	Child care	Remoteness
Physical, emotional, or mental	Lack of Valid Identification	None

Type of Service Requested:

Job Search Assistance

If checked, please proceed to section E

Sponsorship & Training Assistance

If checked, please proceed to section F

E: JOB SEARCH ASSISTANCE

How long have you been unemployed? _____

Are you currently actively looking for work? _____ How long have you been actively job searching? _____

What type of work are you looking for? (1st Choice) _____ (2nd Choice) _____

Employment Sought: Full-time Part-time Term Seasonal Casual

Are you willing to relocate for employment? _____ If yes, to which communities:

When completed please proceed to page 4, G: Consent to Collection & Disclosure of Personal Information

F: SPONSORSHIP & TRAINING ASSISTANCE

Program Name/Course applying for: _____

What is the length of the training? Start Date: _____ End Date: _____ Full Time Part Time

What Training Institution are you planning to attend? _____

What other Training Institutions offer this type of Program? _____

Why do you wish to take this particular program _____

What are your long-term goals? _____

Why do you feel you would be a good candidate for training assistance?

What type of employment will you be seeking if you successfully complete training?

Will you require child care to attend training? _____ If yes, what are your child care needs:

Provincial Subsidy Funding: Available Day Care Space:

Other: _____

Provide any other information you may wish to add that you feel will assist in the assessment of your application for training assistance:

When completed please proceed to page 4, G: Consent to Collection & Disclosure of Personal Information

G: CONSENT TO COLLECTION & DISCLOSURE OF PERSONAL INFORMATION

In this form, we ask you to provide certain information about yourself. This information is collected under the authority of the Indigenous Skills and Employment Training Program (ISETP) Funding Agreement between Employment and Social Development Canada and the Manitoba Métis Federation. In order for the Manitoba Métis Federation and its affiliates to assist you accordingly, we require that you disclose all information as requested above.

In addition, the information you provide may be used to conduct program evaluations, research, statistical analysis, and plan for future services. This will help determine the effectiveness of our programs and services, and to fulfill our mandate and contractual obligations to Employment and Social Development Canada.

The Manitoba Métis Federation and its affiliates can only collect, use and disclose your personal information as permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). FIPPA also gives you the right to see and obtain copies of records from us with some limits.

I acknowledge that by providing my signature, I am granting the Manitoba Métis Federation and its affiliates the exclusive release of this information for purposes of referral to training, referral to employment, and training opportunities with prospective employers, and partners; that all information submitted on this registration form is to be true and complete. I also understand that the personal information collected will solely be used to help me access employment services and benefits designed to help me prepare for, obtain, and maintain employment.

I hereby authorize the disclosure to the Manitoba Metis Federation and its affiliates any information provided above. I also relinquish all rights (legislated or otherwise) for the use of this information for purposes related to promoting and marketing my credentials as provided above. I hereby release and discharge the Manitoba Metis Federation and its affiliates from any and all claims and liabilities relating to my training and job search.

Name: _____ / _____ / _____ Date: _____
First Name Initial Last Name

Signature: _____

For Office Use Only:

Social Insurance #: _____

Proof of Red River Métis Citizenship Provided ☐

** Required to determine eligibility for Programming*

ARMS ID #: _____