



## 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? \_\_\_\_\_



**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 Métis 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 Métis 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 #: \_\_\_\_\_