

(To be completed by all clients)

# **A: PERSONAL INFORMATION**

First Name & Middle Initial Last Name
Date of Birth: / Age: Gender: Male Female Non-Binary
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**

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 Term Seasonal Casual	Full Time Part Time Term Seasonal Casual	Full Time Part Time 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 a	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	lf checked	l, please proceed t	o section F		
E: JOB SEARCH ASSISTANCE					
How long have you been unemployed?_					
Are you currently actively looking for wor	rk?	How long have	you been actively j	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 employme	nt?	If yes, to which	communities:		
When completed please proceed to p	age 4, G: Coi	nsent to Collectior	a & Disclosure of	Personal Infe	ormation
F: SPONSORSHIP & TRAINING	ASSISTAN	ICE			
Program Name/Course applying for: _					
What is the length of the training? Start Date:		End Dat	e:	Full Time	Part Time
What Training Institution are you planning	ng to attend? _				
What other Training Institutions offer this	s type of Progr	ram?			
Why do you wish to take this particular p	orogram				
What are your long-term goals?					
Why do you feel you would be a good ca	andidate for tra	aining assistance?			
What type of employment will you be se	eking if you su	uccessfully complete	etraining?		
Will you require child care to attend train Provincial Subsidy Funding: Av Other:	vailable Day Ca	are Space:	vhat are your child	care needs:	
Provide any other information you may wish assistance:			e assessment of you	r application fo	r training

#### **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 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	:			

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For Office Use Only:	
Social Insurance #:	_
Proof of Red River Métis Citizenship Provided  * Required to determine eligibility for Programming	]
ARMS ID #:	-