



Ermineskin Aboriginal Skills & Employment Training

Box 219, Hobbema, Alberta T0C 1N0

(780) 585-0191, 585-0192 Fax (780) 585-3319 Toll free 1-866-585-3941 ext. 251

ERMINESKIN ABORIGINAL SKILLS & EMPLOYMENT TRAINING APPLICATION

First Name	Phone #
Middle Name	Messages
Last name	E-mail
Date of Birth	Gender
Month day year	<input type="checkbox"/> Male <input type="checkbox"/> Female

IF you self Identify with an Aboriginal group, are you? (Please circle)

Status Indian

Non- Status

Metis

Inuit

Non-Aboriginal

First Nation (Band Name) & Number	SIN
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Address

Street/ Box #	City
Province	Postal Code

Requested Training

Program Name	Length of program
School/Institution Name	Start date
School/ Institution Address & Contact Number	End date



Employment (please circle)					
Employed	Unemployed	Self-employed	Student		
Marital Status (Please Circle)					
Married	Single	Common Law	Separated	Divorced	Widowed
How many dependents do you have?			Is your Spouse:		

Dependents information

Name	Age	Female / Male

Education History	
Last level of Education Completed:	Institution Name:
City/Province	Length of course/Program
Certificate	Diploma
Degree	Trades
	Safety Tickets
List Tickets:	

Employment History	
Current/ Most Recent Job	
Job Title	Supervisor
Employer	Years there
Reason For leaving:	

Second last Job	
Job Title	Supervisor
Employer	Years there
Reason For leaving:	

Client Confidentiality & Consent Form

- This information is collected under the authority of the Aboriginal Skills & Employment Training Services Agreement signed between Human Resource Skills Development Canada and Ermineskin Cree Nation. This information will be used to gather and store client information so as to determine your entitlement to programs, services and /or funding. The Privacy Act of Canada restricts any sharing of your personal data unless your written permission is first obtained. By signing this registration, you authorize us to share only that information which is required by our partners in program and service delivery.
- You have access to information (under the Access to Information Act) that we maintain about you and may request to see it upon one day's written notice of such a request. Be reminded that Ermineskin Aboriginal Skills & Employment Training Services is merely a custodian of the information gathered on clients and that all information is the sole property of the Aboriginal Skills & Employment Training Canada. You are NOT entitled to take possession of your file, but may request to see, add or change information therein.

AGREEMENT TO PROVIDE INFORMATION AND AUTHORIZATION TO SHARE IT WITH PARTNERS:

I, the under signed, have read and understand this registration form including the advice on client confidentiality. To the best of my knowledge, the information I have provided is correct and complete. I will advise the Ermineskin Aboriginal Skills & Employment Training Services of any changes within 48 hours. Should I decide to apply for funding from Ermineskin Aboriginal Skills & Employment Training Services, I understand that this information shall be considered as part of any application for funding.

I, _____, hereby grant permission to the Ermineskin ASETS/ Six

Independent Alberta First Nations to :

- Photograph
- Display my Testimony
- Reproduce my Testimony

I understand that this may be shown at displays during open house, Annual Reports in the communities.

I, _____, hereby consent to the use, and disclosure of ALL personal information listed.

Clients name (Print): _____

First Name

Middle Name

Last Name

Signature: _____

Date: _____

Day

Month

Year



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Career investigation Report

The following Career Investigation Report **must be fully completed** to ensure that your application is
Considered & fairly dealt with.

If you require help finding career information, contact the Ermineskin ASET Project Officers.

Name : _____

Occupational Goal: _____

1. What made you decide on this Career?

2. What makes you suitable for this career choice?

3. What special qualities/strengths/talents do you have that make you suitable for your career choice?

4. Do you have barriers that would interfere with your ability to do this kind of work? (medical, physical, family, court, etc.)

YES

NO

If yes, please explain:

5. What do people do in this line of work? (list the typical duties)

1. _____

2. _____

3. _____

6. Give names of 3 people you have contacted for information about this occupation (i.e. someone currently working in the field; counselors/program– people at an educational institution, employers).

Name	Job Title/ Position	Number(s)

7. what information were you given in regards to your career choice?

8. What are the pros/cons of this career? (please list)

PROS	CONS

9. What are the working conditions?

10. what salary can you expect when you start?

\$ _____/hour \$ _____ Salary/Year

11. What specific training is needed to work in this field? (please check)

- DIPLOMA
- CERTIFICATE
- JOURNEYMAN TICKET
- DEGREE

12. a) List 3 schools /institutions where training is available:

School/institution	Location/ Address	Tuition Cost (\$)

B) Which school/institution best suits you? Why?

C) How long is the training program?

13. a) What pre-requisites (up-grading, courses, grade averages, certificates) are needed to get into this program? (as stated in the College Calendar)

B) Do you have these pre-requisites? Yes _____ No _____

If you answered NO, what do you need?

14. Name 3 companies /employers (in our area or in Alberta) who hire people who have this training

1) _____

2) _____

3) _____

15. a) what is the current demand /employment opportunities for people entering this field?

B) where did you get this information?

16. Name 2 related occupations (other occupations where you could do similar work).

i. _____

ii. _____

17. What opportunities do you see for self –employment in this field? (free-lancing, consulting, starting your own business)

Ermineskin ASETS STAFF ONLY

Date of Application: _____

- Full Application
- Career Investigation
- EI or CRF
- Income Support
- Letter of Acceptance
- Course Outline
- SIN

- Make appointment with Project Officers
- Confirm Documents

date confirmed _____) _____
(initial)

Client Level : _____

Appointment with Project Officer: _____
(project officers name)

At _____ on _____
(time) (date)