



Bearspaw Human Resources Development: Client Check List Form A

**PLEASE ALLOW 3 – 4 WEEKS PRIOR TO THE
START DATE OF YOUR PROGRAM
TO PROCESS YOUR FUNDING APPLICATION**

The following documentation must be submitted with your Funding Request:

- Letter of Recommendation for Funding from Career Counsellor
- Client Registration (3-pages completed)
- Consent to Disclose Information
- Consent Form signed and dated for Employment Insurance eligibility
- Client & Counsellor Roles and Responsibilities
- Funding Request (complete only the top portion with signature)
- *** Acceptance Letter From Educational Institution: (individual funding)
 - o Start and End Date, Tuition Amount, and Books/Supplies as required
- *** Confirmation Letter of Employment
 - o Short Term Training: Apprenticeships, Truck Driver Training,
- Written or typed 1 page or less of your career plan/goals based on your research.
- Dependant Information & Treaty Status Card: Photocopy of Alberta Health Care Card, or documentation of proof of your guardianship of your children residing with you and your Treaty Status Card (all identification can be photocopied on 1 sheet if possible)
- Resume (updated) please email one to this office for future reference and changes
- Keto Action Plan: Include First page (signed) and Last page (intervention)
- Student Attendance form: completed regularly by instructors and faxed to this office
- For Summer Student Application: letters of confirmation currently in school and returning in the Fall prior to application deadline.
- Legal Guardian liability form signed and returned to Chiniki HRD Office prior to deadline



Bears paw HRD
 Box 1050 Morley, Alberta T0L 1N0
 Ph: 403 881 2609 Fax: 403 881 2269

CLIENT PERSONAL INFORMATION:

Social Insurance Number: _____ / _____ / _____ Title: Mr. Mrs. Ms. Miss Dr.

Full Name: _____
Last First Middle Initial or Name

Gender: Male Female Date of Birth: _____ / _____ / _____ Age: _____
Year Month Day

ABORIGINAL IDENTIFICATION:

First Nation Group: Treaty Status (registered) Non-Status Inuit Metis Non-Aboriginal Person

Treaty Status #: _____ Band Name: _____

First Nation Location: 6 7 8 Out of province Band Province: _____

Metis Location & Metis Number: _____

LEGAL IDENTIFICATION & INCOME:

Citizenship: Canadian Other: _____ Are you entitled to work in Canada? Yes No

Marital Status: Single Married Separated Divorced Widowed Common-law

Preferred Language: English French Other Spouse Name: _____

Are you currently in receipt or eligible for Employment Insurance (EI) (UIC)? Yes No

Have you received Employment Insurance (EI) (UIC) within the last 3 years? Yes No

Have you received (EI) maternity or parental benefits within the last 5 years? Yes No

Unemployed Employed: F/T P/T Medical SFI or EI SFI-less than 6 months

Band Funding Self Employed Child Welfare SFI-How Long? _____

(WCB) Worker's Compensation Student Loan/Grant AISH Recipient Other: _____

Do you consider yourself to be a person with a disability? Yes No

What is the nature of your disability or select a disability type? _____

mobility agility pain seeing hearing speaking memory learning

physical mental psychological developmental health problems

Explain how your disability affects achieving sustainable employment? _____

Dependents Name	Age	D.O.B.	Disability Yes/No	Details Of Disability

- Must Provide Proof of Dependents Claiming**
- Birth Certificates
 - Status Cards
 - Health Cards
 - Child Tax Reports

REFERENCE INFORMATION ~ REFERRED BY:

Self Referred Social Services Child Welfare Advertisement

Family/Friend Internet Probation Office Newspaper

Aboriginal Agency: _____ Other: _____

ADDRESS INFORMATION:

How long have you resided at present address? _____ Years _____ Months

Address: _____
Street Address Apartment/Unit #

_____ City Province Postal Code

CONTACT INFORMATION

E-mail Address: _____

Home Phone: () _____ Cellular Phone: () _____

Client Name: _____

EDUCATION and TRAINING INFORMATION

Have you taken or are you taking a Federal or Provincial Training Program? Yes No (if yes answer the following)

Life Skills Training Program Job Finders Club Other: _____

Course Title: _____ Where? _____

Start Date: _____ End Date: _____

Highest Level of Education Completed: _____ Year/Month/Day of Completion: _____

Name of School _____ *City, Province* _____
 Certificate Technical 1 year 2 years 3 years

Vocational Training: _____ Year/Month/Day of Completion: _____

Name of Training Institute, or Organization _____ *City, Province* _____
 Diploma Bachelors Masters Engineering Other: _____

Post Secondary: _____ Year/Month/Day of Completion: _____

Name of College, University _____ *City, Province* _____

Industrial Training _____ Year/Month/Day of Completion: _____

Name of Technical Institute, College, University _____ *City, Province* _____

TRADE INFORMATION: YES OR NO

Specialized Trade: _____ Level: Apprentice 1st Yr 2nd Yr 3rd Yr 4th Yr Journeyman

Name of Trade School _____ *City, Province Registered* _____ *Date Registered* _____

OTHER CERTIFICATIONS: YES OR NO

- CSTS TDG First Aid Forklift H2S Ground Disturbance
- WHMIS Chainsaw CPR ATV Rider H2S Alive Emergency Fire Dispatch
- EMR EMT Firefighter Food Safety Confine Space Confine Space Entry
- Baby Sitter Fall Protection B.O.P. (P.I.T.S.) Overhead Crane
- List Other Tickets: _____

Must Provide copies of Tickets that apply to above Even if ticket or certificate has expired

LANGUAGE SKILLS:

	Very Good	Good	Average	Poor
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Language: Other _____

DRIVER'S LICENSE & TRANSPORTATION INFORMATION:

- Class 1 (any vehicle) Class 2 (Bus) Class 3 (3-axle plus) Class 4 (Taxi/Ambulance)
- Class 5 (2 axle, car, RV) Class 6 (motorcycle) Class 7 (Learners) Q-Air Endorsed
- Driver's License Suspension No Driver's License Province: _____ Expiry Date: _____

Do you have a reliable vehicle for work? Yes No Do rely on public transit system for work? Yes No

Must provide copy of Driver's License if applicable

EMPLOYMENT INFORMATION:

Most Recent Employer:

Employer: _____ Supervisor: _____
 Job Title: _____ Hours worked per a week: _____
 Rate of Pay: \$ _____ \$ _____
Hourly Monthly Reason For Leaving
 Start Date: _____ End Date: _____

2nd Employer

Employer: _____ Supervisor: _____
 Job Title: _____ Hours worked per a week: _____
 Rate of Pay: \$ _____ \$ _____
Hourly Monthly Reason For Leaving
 Start Date: _____ End Date: _____

3rd Employer

Employer: _____ Supervisor: _____
 Job Title: _____ Hours worked per a week: _____
 Rate of Pay: \$ _____ \$ _____
Hourly Monthly Reason For Leaving
 Start Date: _____ End Date: _____

EMPLOYMENT SOUGHT & BARRIER TO EMPLOYMENT INFORMATION:

Type: Full-time Part-Time Casual Self Employment Seasonal Other
 Duration: Permanent Temporary Seasonal Contract On Call Other

What type of work are you looking for? _____

How long have you been unemployed? _____ How long have you been actively seeking work? _____

Are you willing to relocate for work purposes? No Yes (Where) _____ Are you Bondable: Yes No

What is your career or training goal or aspirations? _____

Have you been convicted of a criminal offense, for which you have not been pardoned? Yes No

Do you have appropriate tools and safety equipment required for the work you are seeking? Yes No

CLIENT CONSENT TO DISCLOSE INFORMATION & SIGNATURE

I, _____, understand and consent to the disclosure and exchange of information between Aboriginal Futures Career & Training Centre (AFC&TC) and/or its representatives: BEARSPAW Human Resources Development-Labor Market Development Program (LMDP), Service Canada, Alberta Employment Immigration (AEI), about the status and benefits of Employment Insurance, Income Support, Employment, Training Documents and personal information. I also authorize the disclosure and exchange of information between BHRD and any service providers or individuals that are involved in assisting me to complete my client action plan to verify that the information that I have provided to the Bears paw HRD is true and accurate. Should I become a participant in a training program, I consent to the disclosure of my personal information to BHRD-LMDP for statistical analysis and to record this information into the KETO Database for statistical purposes as required by Service Canada.

In the event that I require funding for a skills enhancement intervention, this completed registration form #014 (3 pages) will be part of the application process, as required by Bears paw Human Resources Development-Labor Market Development Programs and/or contracted agents for project based training programs and individual funding requests.

Client Signature: _____ Today's Date: _____

STANDARDIZED FUNDING REQUEST

Estimated Training Costs		
Tuition		
Books		
Approved Supplies		
Registration Fee		
Other Approved Fee		
Living Allowance Rate		
# of Months		
Estimated Total		\$ -

CLIENT INFORMATION			
Client Name:		Address	
SIN #:		City / Province Postal Code	
Dependant:		Telephone	
TRAINING INFORMATION / SERVICE PROVIDER			
Training Centre:		Contact Person	
Course Name:		Billing Address	
Start Date:		City / Province Postal Code	
End Date:		Telephone / Fax	
EAS CENTRE COUNSELLOR COMMENTS:			
LMD-Bearspaw HRD/ASETS Staff Recommendation:			
Reviewed by LMC (signature):			

This Section is for BHRD office use only: Approved Declined

Comments:

General Manager
Bearspaw HRD Asets

Date

CFT7 Staff: (Please check the following once completed)

CRF: <input type="checkbox"/>	EI (Verified): <input type="checkbox"/>	Letter to Institution: <input type="checkbox"/>	Client Contract: <input type="checkbox"/>	Updated Budget: <input type="checkbox"/>	Reviewed with LMC <input type="checkbox"/>
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CLIENT TO DISCLOSED INFORMATION FORM

In this section, we ask you to provide us with your written consent to disclosed personal information that you have provided to the Bears paw Human Resources Development, Labour Market Development Program (BHRD-LMDP) and/or its contracted agents for the reasons listed below.

The personal information may be collected from the following BHRD-LMDP Forms: client registrations form #004, Employment skills assessment, Job search skills assessment, and financial assessment forms. Please check in the boxes below if you agree with this consent, thank you.

- I authorize BHRD-LMPD and/or its contracted agents, or designate to contact individuals as required to verify my education, financial and personal information, training, work experience. Treaty status, residency and all other information I will provide.
- I authorize BHRD-LMPD to protect themselves from fraud; by cross reference and disclosing other funding/financial sources. (I.e. Income Support Services through Service Canada, Alberta Employment Industry and Immigration (AEII), Band Offices.)
- I consent to the disclosure of my personal information to Service Canada for the use in research, statistical and analysis, recording personal information in the statistical database KETO or in program evaluations.
- I consent to the disclosure of my statement of marks and courses; and any other relevant information from the service providers and/or contracted agents to the BHRD-LMDP in order to determine my eligibility for any program assistance or continued assistance of BHRD-LMDP.
- I consent to the service provider and/or institution disclosing the status of my application to attend BHRD-LMDP.
- I consent to the disclosure of my personal information to a contractor's of BHRD-LMDP for the purpose of assessment, referral, follow-up and administering the program that I have applied for.
- In the event that I am a participant of group work or workshops that BHRD-LMDP offers, or a contracted agent(s) conducts, I understand that personal information could be collected, used, shared or disclosed in the course of a session and I consent to this disclosure of person information.

I, _____, (*print client's name*) understand and consent to the disclosure and exchange of information between Bears paw Human Resources Development, Labour Market Development Program (BHRD-LMDP), Service Canada and Alberta Employment Industry and Immigration (AEII). I also authorize the disclosure and exchange of information between BHRD-LMDP and any service providers, individuals that are involved in assisting me to complete my client action plan to verify that the information I have provided to the BHRD-LMDP is true and accurate.

Client Signature (*sign in blue ink*)

mm / dd / yy

Witness or Career Counsellor Signature (*sign in blue ink*)

mm / dd / yy

- This consent is voluntary and you may withdraw your consent at any time, but must do so in writing to BHRD-LMDP.
- If you choose not to sign and we require more information, please be advised that the BHRD-LMDP may be unable to provide full services to y

Information that is collected from you us done so under the authority of the ASETS agreement and is in accordance and governed by the Protection Information Act (PIPA) and Freedom of Information and Protection of Privacy Act (FOIP).