

CLIENT CONSENT FORM

To be eligible for participation in Peguis First Nation Training & Employment (PFNTE) sponsored programs and services, the Client must provide the information requested and must consent to the collection, disclosure and use of their information as describe in this notice by signing the consent and release form.

In order for PFNTE to make in informed decision, other agencies as appropriate may be contacted in order to obtain relevant facts. They may be as follows:

1. To confirm Client’s request for funds, information may be required directly from:
 - a) HRDC about current status and previous history regarding Employment Insurance Benefits
 - b) MB Advance Education & Training
 - c) Ministry of community & Social Services, First Nations Welfare Agencies about receipt of Social Assistance
 - d) Workers Compensation Board or other disability insurance about receipt of Workers Compensation or Disability Insurance Benefits
 - e) Other relevant agencies
2. Information may be required from other Training & Employment Local Delivery Mechanism in cases where an individual’s origin is outside PFNTE area but the client resides in PFNTE area and the client is requesting financial assistance.
3. Verification of Indian Status and affiliation may be required from a First Nation membership clerk/Band Administrator.
4. Participant information may be provided to potential employees when making referrals for employment.
5. By signing this client consent form, the client authorizes the release of any academic results, transcript reports or any other information required by an officer (named below), for any Peguis First Nation sponsored training/education program.
6. Should I be successful in obtaining funding for PFNTE to publish my name as a participant on a Peguis First Nation sponsored program.

I have read and fully understand this document and do consent to the collection, disclosure and any use of my personal information as described herein:

I, X _____
(Name of Individual) Please Print

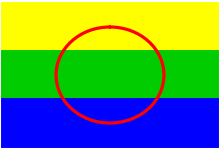
X _____
Social Insurance Number

for which purpose my personal information has been requested by and may be disclosed to:

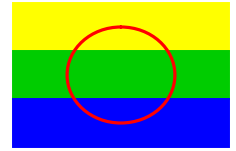
HOLLY BEYAK/PAM FAVEL/ALANA COCHRANE/CRYSTAL GARSON
An officer of Peguis First Nation Training & Employment

X _____
Signature of Applicant

X _____
Date



**PEGUIS FIRST NATION TRAINING & EMPLOYMENT
BOX 609 PEGUIS FIRST NATION
PEGUIS, MANITOBA
R0C 3J0**



APPLICATION FOR FINANCIAL ASSISTANCE

PURCHASE OF TRAINING

SECTION I

A. PERSONAL INFORMATION

FULL NAME: _____

PERMANENT ADDRESS: _____
& STREET / BOX CITY / TOWN POSTAL CODE

TEMPORARY ADDRESS: _____
& STREET / BOX CITY / TOWN POSTAL CODE

EMAIL: _____ CELL PHONE: _____

TELEPHONE: _____ DATE OF BIRTH: _____

TREATY NUMBER: _____ MEDICAL NO: _____

S.I.N.: _____

EMERGENCY CONTACT: _____

PLEASE ATTACH A PHOTOCOPY OF YOUR TREATY STATUS CARD.

B. FAMILY INFORMATION

MARITAL STATUS: SINGLE _____ MARRIED _____ C/LAW _____ DIVORCED _____ SEPARATED _____

FOR THE PERIOD OF MY SPONSORSHIP, MY SPOUSE WILL BE:

DEPENDENT _____ EMPLOYED _____ STUDENT _____ SPONSORED STUDENTS CLAIMING DEPENDENTS _____

C. ACADEMIC BACKGROUND

PLEASE LIST ALL EDUCATION AND TRAINING EXPERIENCE, BEGINNING WITH HIGH SCHOOL.

INSTITUTION	PROGRAM	YEAR	LEVEL/CREDITS COMPLETED	SPONSORED BY

D. CURRENT SOURCE OF INCOME

PLEASE LIST YOU AND YOUR SPOUSE'S MONTHLY INCOME FROM THE APPROPRIATE SOURCE:

SOURCE OF INCOME:

APPLICANT	SPOUSE
EMPLOYMENT	
EMPLOYMENT INSURANCE	
INCOME ASSISTANCE	
WCB	
OTHER: _____	

ARE YOU ELIGIBLE FOR EMPLOYMENT INSURANCE? YES ___ NO ___

HAVE YOU RECEIVED EI BENEFITS WITHIN THE PAST 3 YEARS YES ___ NO ___

HAVE YOU RECEIVED MATERNITY/PARENTAL OR SICK BENEFITS WITHIN THE PAST 5 YEARS? YES ___ NO ___

DO YOU HAVE A DISABILITY? YES / NO If yes, explain: _____

EMPLOYMENT HISTORY:

DATES	JOB TITLE	EMPLOYER	REASON FOR LEAVING

**SECTION II – PURCHASE OF TRAINING
(PLEASE COMPLETE THIS SECTION IF YOU ARE APPLYING FOR FINANCIAL ASSISTANCE TO PARTICIPATE IN A COURSE)**

DURATION OF ACTIVITY: FROM: _____ TO: _____

FULL TIME _____ PART TIME _____ NUMBER OF HOURS PER WEEK _____

COURSE TITLE: _____

NAME OF TRAINING DELIVERY AGENCY: _____
(ATTACH TRAINING PLAN COST)

INSTITUTIONAL ACCEPTANCE LETTER _____ YES _____ NO

LEVEL OF EDUCATION REQUIRED ENROLLING IN TRAINING PROGRAM:

LOCATION OF ACTIVITY: _____ # OF KMS FROM RESIDENCE TO TRAINING SITE: _____

IS THERE A WORK PLACEMENT AS PART OF THE TRAINING PROGRAM? _____ YES _____ NO

ADMINISTRATIVE COMMENTS
(OFFICE USE ONLY)

DATE: _____

SIGNED: _____