

Nisga'a Lisims Government Employment Skills & Training
Participant Information Form
Form #2017-001

File #:	Employment Advisor:
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Funded Service
 Course Purchase Work Supplies Mobility Wage Subsidy Trades Supplementary

Name of Program / Course:

Name of Training Institution:

Certificate / Diploma / Degree Obtained:

Start Date:	End Date:
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BUDGET			OFFICE USE ONLY			
Course Costs	Request	Approved	EI ACTIVE	REACHBACK (RB)	CRF	YOUTH <input type="checkbox"/> CRF <input type="checkbox"/> RB
TOTAL COSTS						

OFFICE USE ONLY – RECOMMENDATION

<input type="checkbox"/> Referral	<input type="checkbox"/> Approved	<input type="checkbox"/> Cost Share	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Conditional Approval	
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CLIENT DECLARATION: I am aware legal action may be taken against me for making false statements or failing to inform NEST of changes to the information affecting my entitlement to allowances and/or Employment Insurance benefits. I am aware that I may be disqualified from receiving benefits should I voluntarily exit the course, or not attend on a regular basis. If and when the option to appeal is being exercised, the written appeal is to be forwarded to NEST's Executive Director (Attention: Appeal Committee). Decisions made by the Appeal Committee are final and binding. I hereby declare that I acknowledge the terms and conditions set out in this contract and agree that in the event that I choose not to adhere to one or more of the following, I may be exempted from future funding:

1. I am responsible to reimburse NEST for training costs/allowances, on a per diem basis, should I voluntarily or involuntarily exit the course, or not attend on a regular basis.
2. I will provide receipts to NEST for pre-approved program related purchases.
3. I am responsible for any costs incurred in excess of the agreed upon amount.
4. I am responsible to provide NEST with a written evaluation of the program upon completion.
5. I will save NEST harmless from and against all claims, losses, damages, costs and expenses related to any injury or death of a person, or loss or damage to property caused or alleged to be caused by this initiative and that all necessary liability and life insurance shall be maintained by me for the duration of this activity.
6. I am responsible to provide interim/final reports as requested by NEST.
7. I authorize NEST to access my records if I fail to provide the interim/final reports as required.
8. I agree that information, related to this initiative may be shared amongst participating Provincial Ministries, Federal Departments, NEST, and Public/Private Training Institutions, organizations identified as being a partner to the training initiative/application of the client.
9. I agree to allow NEST to use my likeness or image in the development and distribution of any NEST promotional materials.
10. I will report to NEST, as soon as possible, if there are changes to this information.

CLIENT SIGNATURE: I certify that the information is true, correct and complete in every respect and I understand it may be subject to verification by NEST or its representatives.	E.A.'s Initial	Date
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AUTHORIZED SIGNATURE: Action Plan is authorized. Terms and Conditions and any other requirements, where applicable, have been met.	Date
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Client Consent Form

I, _____ (SIN: _____) understand that the personal information collected and held by 5428000 ASETS - NEST will solely be used to help me access employment services and benefits designed to help me prepare for, get, and keep employment.

I hereby grant permission for any and all personal information held by 5428000 ASETS - NEST to be disclosed, when required, on an as needed basis, to representatives of:

- Human Resources Development Canada and its successor departments and agencies,
- The provincial Department of Human Resources and Employment and its successor departments and agencies, and
- Organizations under contract to either of these departments to provide employment related benefits and services.
- Nisga'a Village Government education departments.

Client Signature: _____

Date: _____

Witness Signature: _____

Date: _____