

Nisga'a Lisims Government Employment Skills & Training
Participant Information Form
Form #2020-001

File #:

Employment Advisor:

First Name / Given Name

Middle Initial

Last Name / Surname

Mailing Address

Town / City

Province

BC

Postal Code

Home Phone Number

Cell Phone Number

Date of Birth:

Month

Day

Year

E - Mail Address

Social Insurance Number (SIN)

Emergency Contact

Relationship

Home Phone Number

Cell Phone Number

Gender	Marital Status	Dependents	Driver's License	Currently Employed	Income
Male <input type="checkbox"/>	Single <input type="checkbox"/>	Yes <input type="checkbox"/> # _____	Yes <input type="checkbox"/> Class: _____	Yes <input type="checkbox"/>	Employment Insurance <input type="checkbox"/>
Female <input type="checkbox"/>	Married or Equivalent <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Income Assistance <input type="checkbox"/>
Tribe: (Optional)		Wllp:			No Income <input type="checkbox"/>
Language Spoken:	English <input type="checkbox"/> Other <input type="checkbox"/>				Other:

Education Level: *please indicate year obtained*

- | | | | | |
|--|--------------------------------------|---|---|---|
| <input type="checkbox"/> No formal Education | <input type="checkbox"/> Grade 9-10 | <input type="checkbox"/> School Leaving Certificate | <input type="checkbox"/> GED | <input type="checkbox"/> Apprenticeship/ Trades |
| <input type="checkbox"/> Up to grade 7-8 | <input type="checkbox"/> Grade 11-12 | <input type="checkbox"/> Dogwood year _____ | <input type="checkbox"/> Some Post-Secondary:
Year _____ | Or Diploma: year _____ |

Barriers To Employment: Choose all that apply

- | | |
|---|---|
| <input type="checkbox"/> Lack of Labour Force Attachment | <input type="checkbox"/> Lack of Work Experience |
| <input type="checkbox"/> Lack of Transportation | <input type="checkbox"/> Remoteness |
| <input type="checkbox"/> Language | <input type="checkbox"/> Additional Education required for possible advancement |
| <input type="checkbox"/> Economic | <input type="checkbox"/> Dependent Care |
| <input type="checkbox"/> Lack of Marketable Skills (training) | <input type="checkbox"/> Physical, Emotional or Mental Health |
| <input type="checkbox"/> Social Issues: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Other: | <input type="checkbox"/> Other Not Listed: |

Community

Gitlaxt'aamiks ☐

Gitwinksihlkw ☐

Laxgalts'ap ☐

Gingolx ☐

Citizenship # _____

Notes:

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Funded Service					
Tuition/ Course Purchase <input type="checkbox"/>	Work Supplies <input type="checkbox"/>	Mobility <input type="checkbox"/>	Wage Subsidy <input type="checkbox"/>	Trades <input type="checkbox"/>	Supplementary <input type="checkbox"/>

Name of Program / Course:

Name of Training Institution:

Certificate / Diploma / Degree Obtained:

Start Date:	End Date:
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FOR OFFICE USE ONLY - BUDGET			OFFICE USE ONLY			
Course Costs	Request	Approved	EI ACTIVE	REACHBACK (RB)	CRF	YOUTH <input type="checkbox"/> CRF <input type="checkbox"/> RB
			Date Received: EI authorization required: EI Benefit Period: Verified By: Date:			
TOTAL COSTS						

OFFICE USE ONLY – RECOMMENDATION					
Referral <input type="checkbox"/>	Approved <input type="checkbox"/>	Cost Share <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Withdrawn <input type="checkbox"/>	Conditional Approval <input type="checkbox"/> _____

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 Manager (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.	Employment Advisors Initials	Date
AUTHORIZED SIGNATURE: Action Plan is authorized. Terms and Conditions and any other requirements, where applicable, have been met.		Date

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: _____