Opaskwayak Education Services Inc

Participant Information Form

Last Updated 07/11/22

CLIENT IDENTIFICATION

Last Name | First Name | Middle Name(s)/Initials

Maiden Name (if applicable) | Date of Birth (YYYY-MM-DD) | Social Insurance Number (SIN)

*Social Insurance Numbers are required to access all services through the ISET agreement

GENDER

☐ Male ☐ Female ☐ Non-Binary/Other ☐ Unspecified

CONTACT INFORMATION

Apartment/Unit # (if applicable) | Street Address or Box Number

City/Town/Community | Province | Postal Code

Telephone Number (including Area Code) | Other Number for Messages | Email Address

SOURCE OF INCOME

Employment and Income Assistance (EIA) Recipient (Provincial OR First Nation): ☐ Yes ☐ No
*EIA is sometimes referred to as Social Assistance

☐ Employment Insurance Claimant → Gross Weekly Rate: $_____ Number of Weeks Entitled: _____
☐ Non-Insured Client
☐ Reach-Back* Client/Former Client
*On EI Regular Benefits in the last 3 years OR on Special Benefits (Maternity and Parental) in the last 5 years

☐ Other (please specify):

_____

LANGUAGES SPOKEN

☐ English Only
☐ French Only
☐ English and French
☐ Indigenous Language(s) Only Specify: _____
☐ Indigenous Language(s) and English
☐ Indigenous Language(s) and French
☐ Indigenous Language(s), English and French
☐ None of the Above Specify: _____

INDIGENOUS GROUP

☐ Registered (status) Indian → _____
Treaty # | Band Name | Band Province

☐ Non-status Indian
☐ Métis
☐ Inuit

***DISABILITY:** *declaring a disability helps us to be aware of any accommodations you may require, and you may be eligible for additional supports.*

☐ No

☐ Yes (check all that apply)
- ☐ Developmental (Autism, Asperger's, Down Syndrome)
- ☐ Learning (ADHD, Dyslexia, Dyscalculia, Dysgraphia)
- ☐ Mental health (Depression, Anxiety, Bipolar Disorder)
- ☐ Physical (Spinal Injury, Cerebral Palsy, Muscular Atrophies)
- ☐ Speech (Stuttering, Apraxia of Speech, Aphasia)
- ☐ Hearing (Hard of Hearing, Deaf)
- ☐ Visual (Blindness, Vision Loss)
- ☐ Addiction

CASE MANAGER: _____ **CLIENT ID:** _____

MARITAL STATUS

☐ Married or Equivalent ☐ Single ☐ Divorced ☐ Widowed ☐ Separated

Name of Spouse:_____

NUMBER OF DEPENDANT CHILDREN UNDER THE AGE OF 18

DEPENDENT CHILDREN:
☐ No
☐ Yes → NAMES AND AGES OF DEPENDENT CHILDREN:
_____ Age:
_____ Age
_____ Age
_____ Age

CHILDCARE NEED: (Is childcare required for this action plan?)
☐ No
☐ Yes

CHILDCARE FUNDED: (Choose type of support, if applicable)
☐ Not Applicable
☐ FNICCI (First Nations and Inuit Child Care Initiative)
☐ EI/CRF
☐ Provincial Funding or Subsidy
☐ No Funding Received
☐ Daycare Space Not Available
☐ Assisted by Family/Self-Funded

BARRIERS TO EMPLOYMENT: (CHOOSE ALL THAT APPLY)

☐ None
☐ Lack of Labour Force Attachment *(Have not worked for a year or longer)*
☐ Lack of Work Experience *(Lack of employment history)*
☐ Lack of Transportation *(No transportation to get to place of employment and back)*
☐ Remoteness *(Limited access to employment options because of remoteness)*
☐ Language *(Unable to speak the language of majority in your area of employment)*
☐ Education *(Lack of education)*
☐ Financial *(Lack of finances to prepare yourself for employment including work clothes or transportation)*
☐ Dependant Care *(Unable to secure childcare and/or childcare is unreliable)*
☐ Lack of Marketable Skills *(Do not have the skills that most employers are seeking)*
☐ Physical, Emotional or Mental Health *(Health issues that limit your capacity to work and/or need support)*
☐ Other Barrier Not Listed Above

Specify: _____

EDUCATION LEVEL

Highest level of completed education
☐ No Formal Education
☐ Up to Grade 7 – 8 (Secondary I = Grade 8)
☐ Grade 9 – 10 (Secondary II - III)
☐ Grade 11 – 12 (Secondary IV – V)
☐ Secondary School Diploma or GED
☐ Some Post-Secondary Training
☐ Apprenticeship or Trades Certificate or Diploma
☐ College, CEGEP, or Other Non-University Certificate or Diploma
☐ University Certificate or Diploma
☐ University – Bachelors Degree
☐ University – Masters Degree
☐ University – Doctorate

Year of Completion

_____

Area of Study

_____

EMPLOYMENT HISTORY

Employment	Most Recent Employment	2nd Most Recent Employment	3rd Most Recent Employment
Company Name			
Job Title			
City/Province			
Type of Employment	Full time ☐ Part time ☐ Term ☐ Seasonal ☐ Casual ☐	Full time ☐ Part time ☐ Term ☐ Seasonal ☐ Casual ☐	Full time ☐ Part time ☐ Term ☐ Seasonal ☐ Casual ☐
Start Date			
End Date			
Reason for leaving			

PARTICIPANT CONSENT

I,_____the undersigned, give my consent to_____(Sub-Agreement Holder) to release the information contained in this form regarding my participation in an ISET program to ESDC/Service Canada and Manitoba Keewatinowi Okimakanak Inc. I acknowledge that my personal information is being collected and administered in accordance with the Department of Employment and Social Development Act, Privacy Act, and Access to Information Act; that it will be provided to ESDC/Service Canada for the evaluation and accountability of the ISET Program; that it may be used to determine my eligibility for the ISET Program; and that I have the right to file a complaint with the Privacy Commissioner of Canada in the event that I am not satisfied with the handling of my personal information by ESDC/Service Canada.

_____ _____

Participant Signature Date (YYYY-MM-DD)

CASE MANAGER: _____ **CLIENT ID:**_____