



MUSHKEGOWUK EMPLOYMENT & TRAINING SERVICES

Box 370, Moose Factory, Ontario P0L 1W0 Phone (705) 658-4222 Fax (705) 658-4250 Toll Free: 1-800-265-6807

PARTICIPANT INFORMATION FORM

The following information is required by **MUSHKEGOWUK** for funding purposes. This form must be completed by **all** participants prior to project or training commencement. All information is confidential and will be utilized to determine eligibility for **METS** programs. We will use this as a tool to base your income support should you be successful in acquiring approval as a participant or for funding.

(For office use only) Sponsor	File #
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Have you received prior training through METS/HRDC? No Yes: When ? _____
Did you complete the training: Yes No

1. Personal Information		Social Insurance Number :			
Last Name :		First Name :		Middle Initials :	
Home Phone :					
Date of Birth : (day/month/year) :					
Local Address :			City / Prov / Postal Code:		
Labour Force Attachment: <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Student					
Current Income Benefits: (Monthly)					
<input type="checkbox"/> Canada Pension \$		<input type="checkbox"/> Employment Insurance \$			
<input type="checkbox"/> Private Insurance		<input type="checkbox"/> No Income Benefits			
<input type="checkbox"/> Family Benefits _____		<input type="checkbox"/> Worker(s) Compensation _____			
<input type="checkbox"/> Social Assistance _____		<input type="checkbox"/> Other _____			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Single _____					
Does spouse have a source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			If so, please state amount: \$ _____ /weekly		
2. Characteristics		Language: <input type="checkbox"/> English <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> French <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read		<input type="checkbox"/> Read	
<input type="checkbox"/> Other		<input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read			
<input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Non-status <input type="checkbox"/> Status		Residency: _____ <input type="checkbox"/> On-reserve <input type="checkbox"/> Off-reserve			
First Nation :		Band # (10 digits):			
Dependant(s) – Ages: 1. 2. 3. 4. 5. 6. 7.					
Do you consider yourself to be a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, specify :					
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of License: Class _____					
Do you own or have access to transportation? Please circle: Car Bus Other:					
Are you willing to relocate? Yes no Please specify? Preference:					
3. Education		Highest Grade / Level Completed: _____ Year			
		Other Training (CPR, H.E., etc.) _____			
4. Employment History					
Work Preference:		1. _____ 2. _____			
Current / Last Employer:				Job Title:	
From (day / month / year):			To: (day / month / year):		
Reason for leaving:					
<input type="checkbox"/> Accepted another job		<input type="checkbox"/> End of seasonal work		<input type="checkbox"/> Pregnancy	
<input type="checkbox"/> Business closure		<input type="checkbox"/> Fired		<input type="checkbox"/> Quit	
<input type="checkbox"/> Conflict of interest		<input type="checkbox"/> Illness		<input type="checkbox"/> Moved	
<input type="checkbox"/> Downsizing		<input type="checkbox"/> Incarceration		<input type="checkbox"/> Retired	
<input type="checkbox"/> Returned to school		<input type="checkbox"/> Other		<input type="checkbox"/> Shortage of Work	
				<input type="checkbox"/> Project completed	
				<input type="checkbox"/> Strike or lockout	
				<input type="checkbox"/> End of contract	
First Previous Employment:				Job Title:	
From (day / month / year):			To: (day / month / year):		
Reason for leaving:		Paid		Unpaid / volunteer	
Second Previous Employment:				Job Title:	
From (day / month / year):			To: (day / month / year):		
Reason for leaving:		Paid		Unpaid / volunteer	
PARTICIPANT SIGNATURE:				DATE:	

Under the Privacy Act the personal information collected on this form may be accessed by the participant. The information is kept on file at the MCETS offices.

Revised September 2005