



BCNWA

British Columbia
Native Women's
Association

Other Address: Mailing Address Other Address, specify:

Home Phone: _____ Cell Phone: _____

Message Phone: _____ Email: _____

Emergency Contact Name: _____ Phone #: _____

INCOME

Are you currently an Employment Insurance Claimant? No Yes

If yes Claim Type: _____ Gross Weekly Rate: \$ _____
 Number of Weeks Entitled: _____ Expected End Date: _____

If no Are you a reach-back*/former client? No Yes
 Are you a non-insured client? No Yes
 Other: (Please specify) _____

*Reach-back client refers to clients on EI regular benefits in the last 3 years (36 months) OR 5 years (60 months) on special benefits (Maternity, Parental, Sickness etc. in the last 5 years)

If married or equivalent, does your spouse have a monthly income?

No Yes, amount? \$ _____

Please list any other sources of income:

Source	Description	Amount

Have you ever received funds from an NWAC Program?

No Yes, what program? _____

Are you currently receiving any other funding sources (Band funding, student loans, etc.)?

No Yes, what program? _____

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EDUCATION LEVEL

Education: (Choose all that apply)

- No formal education
- Up to Grade 7-8 (Secondaire I-II) - Year completed: _____
- Grade 9-10 (Secondaire. III) - Year completed: _____
- Grade 11-12 (Secondaire IV-V) - Year completed: _____
- Secondary School Diploma or GED - Year completed: _____
- Some post-secondary training - Year completed: _____
- Apprenticeship/ trades certificate or diploma - Year completed: _____
- College, CEGEP, or other non-university certificate or diploma - Year completed: _____
- University certificate or diploma - Year completed: _____
- University - Bachelor Degree - Year completed: _____
- University - Masters degree - Year completed: _____
- University – Doctorate - Year completed: _____

Province/Territory in which highest level of education & year attained:

TRADES

Trade	Level	Specialization	Years Experience

CERTIFICATES

Certification	Level	Registrar	Expiry Date

LICENCE

Class	Number	Province	Expiry Date

LANGUAGES	SPEAK	READ	WRITE
Aboriginal, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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EMPLOYMENT HISTORY

Starting from most recent work experience, please list employment history:

Start Date YYYY-MM-DD	End Date YYYY-MM-DD	Employer	Job Title	Reason for leaving

EMPLOYMENT GOALS

What are your short term and long term employment goals?

Are there employment opportunities in your area that match with your employment goals? Yes No

Have you researched the career field you are interested in to know what is required? Yes No

What is your current employment barrier(s)? What do you think is stopping you from having a job now?

What is required to reach your employment goals? List what you need to do to make your goals a reality.

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If you have already identified a training program or employer please list the details (e.g. institution/employer, length of training, start date/end date, expected outcome). *Please attach your acceptance letter.*

What supports are you looking for? Please list all associated costs (e.g. tuition, books/materials, testing fees etc.).

What supports do you currently have that will help you reach your employment goals? Do you have anyone or anything that will motivate you or help you succeed (e.g. family, elder, counsellor, community organization)?

Childcare need: *(Is childcare being requested)* No Yes

Childcare Funded: Not applicable EI/CRF Provincial funding/subsidy
(Support currently received) FNICCI No funding received Daycare not available
 Assisted by family Self-funded

PARTICIPANT CONSENT TO RELEASE INFORMATION

I, _____, the undersigned give my consent for the Native Women's Association of
(Client Name)

Canada to release the information contained in this form regarding my participation in an ISET program to ESDC. I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that may be used to determine my eligibility for the ISET program and provided to ESDC for the evaluation and accountability of the ISET program. I give my consent for the ISET Coordinator to contact other service/funding providers regarding my application and other sources of income.

Participant Signature

Date

Referral No Yes, referred by:

Phone #:

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