

EPP PARTICIPANT INFORMATION FORM

Submit completed application by email to iaaw@iaaw.ca.

Applicants to IAAW EPP program are required to complete this form. All the requested information must completed with any additional documentation requested, and a signed contract received **BEFORE** any funding support can be released. Your information will be kept confidential in accordance with Canadian privacy laws upon completion and submission. The information submitted is used to determine your eligibility for the program, and the funding you may receive.

PERSONAL INFORMATION

Given Name(s)			Family N	lame(s)				
Nick Name(s) (If applicable)								
				☐ Mrs.	☐ Miss	☐ Mr.		
Gender			Date of I	Birth (YYYY/MM/DD)				
□ Female □Transgender □	Non-	-binary ☐ Gender Diverse						
☐ Male ☐ Please specify:								
First Nations/ Metis/ Inuit Number:				Home Community / Nation:				
Indigenous Group		Marital Status Preferred Lange			ages (select all that apply)			
☐ Status – First Nations		☐ Single	☐ English					
☐ Non-Status – First Nations		☐ Separated	☐ French					
☐ Métis	☐ Divorced	☐ Aboriginal language(s):						
☐ Inuit	☐ Inuit ☐ Widowed							
☐ None of the above - please specify:	☐ Married or equivalent - please provide name of spouse:		□ Other:					
CONTACT INFORMATION								
Primary Phone (Cell / Home) Alternate Phone (Home / Work)			Email Address					
Permanent Address ☐ Resident Number, Street, P.O. Box	n-Nation/Community □ R	eside Off-	Nation/Community	☐ Leave Apartment	of Absence / Unit			
City/Town	Pro	vince / Territory	Country		Postal Code	Э		
Mailing Address (if different from Permanent Address) ☐ S Number, Street, P.O. Box			ame as al	oove	Apartment /	[/] Unit		
City/Town	Pro	vince / Territory	Country		Postal Code	Э		



Residence (Please select all		Please indicate the number of dependant children						
☐ Co-habitation: (Reside with spouse/family member/friend)				that currently reside with you:				
☐ Private Property (Privately owned house/condo/building)				Access to Technology (Select all that apply)				
☐ Rented Residence (Apartment/house/condo/trailer)				☐ Cell Ph	none	☐ Tablet		
☐ Other, please specify:				☐ Deskto	p computer	☐ Laptop		
				☐ Printer	☐ Printer ☐ Other:			
Circle of Support Full Name	• • •				- Email			
ruii Name	Relationship Phone		Priorie		Email			
Full Name	Polotional		Phone		Emoil			
ruii Name	Relationsh	пр	rione	Email				
GENERAL HEALTH & WELLN	IESS							
Do you have any health issue	es that requ	ire you to ac	cept certain t	ypes of wor	k? □ No	☐ Yes, please specify:		
Do you have any restrictions	or require s	ny enecial a	ccommodatic	one to work?	P □ No	☐ Yes, please specify:		
Do you have any restrictions	or require a	iriy speciai a	CCOMMOdalic	DIS LO WOIK!		□ Tes, please specify.		
Do you consider yourself a pe	erson with a	a disability?	□ No	☐ Yes, plea	ase specify th	ne nature of your disability:		
Clearance Requirements								
I would pass and/or apply for	(Select all 1	that apply):						
☐ Criminal Record Check	□ Criminal Record Check □ Child Welfare Information System □ Drug Screen / Test							
□ Vulnerable Sector Check □ Child Youth Management Information System □ Drivers Abstract								
□ Vaccinations								
Are you involved with the Jus	tice System	n? ☐ Yes	□ No					
Childcare Do you require support for ch	ildcare?	Please ider	ntify how you	r childcare i	s supported.	(Select all that apply):		
					☐ Daycare not available			
□ No □ Assisted by Family □ Provincial subsidy				☐ Self-funded				
			•		-	□ Geli-lullueu		
		□ INO IUNAI	ing received	☐ Other S	subsidy:			
If necessary, would you be willing to relocate for training purposes?								
□ No								
☐ Yes, please specify a general area that you could accommodate:								
If necessary, would you be w	illing / able	to relocate fo	or employmer	nt?				
□ No								
☐ Yes, please specify a general area that you could accommodate:								



EDUCATION & TRAINING

Please provide details about your education history, when completed, Institution and program type if applicable.									
Education level			Year complete	Year completed Institut		on		Program Type (if applicable)	
☐ Up to Grade 7-8 (Secondary I-II)									
☐ Grade 9-10 (Secondary III)									
☐ Grade 11-12 (Seco	ndary IV-V)								
☐ Secondary School [Diploma or	GED							
☐ Some post-seconda	ary training								
☐ Apprenticeship/ trades	s certificate o	or diploma							
☐ College, CEGEP, or o Certificate or Diploma	ther non-uni	versity							
☐ University - Certifica	ate or Diplo	ma							
☐ University - Bachelo	or's Degree								
☐ University - Master's	s degree								
☐ University - Doctora	ite								
Please provide details about your Safety Ticket Training									
Safety Ticket	Require	Have	Expiry Date		Safety Tick	et	Require	Have	Expiry Date
First Aid / CPR					Ground Dis	turbance			
WHMIS				Safe Food Handling					
H2S Alive				Other:					
TDG					Other:				
Chainsaw					Other:				
Confined Space					Other:				
Fall Protection					Other:				
CSTS					Other:				
Do you have a ticketed trade? Do you have Tools and/or Safety Equipment to work in this trade?							rade?		
☐ No ☐ Yes - Trad	☐ Yes	Yes ☐ N/A ☐ No – please indicate			indicate w	hat you re	equire:		
Driver's License (Select all that apply)					Primary method of transportation				
☐ Class 1 (any vehicle) ☐ Class 5 (cars, ligh				ght trucks)	□ None				
☐ Class 2 (large buse	Class 6 (mo	Class 6 (motorcycles)			☐ Personal vehicle				
☐ Class 3 (three axle vehicles) ☐ Class 7 (learning p				g permit)	☐ Public Transportation				
☐ Class 4 (taxi, ambulance, small bus)					☐ Rely on Family/Friends				
☐ None of the above, reason why:						☐ Other, p	lease spe	cify:	



EMPLOYMENT

Current Employment Status (Select all that apply)							
☐ Employed > ☐ Full-	-time □ Part-time	☐ Part-time ☐ Seasonal ☐ Temporary ☐					
☐ Student ☐ Inter	nship □ Self-Empl	loyed / Contrac	ctor Under-employed				
☐ Unemployed ☐ Other:							
Employment History 1 ☐ Currently Employed ☐ Previous Employment							
Employer:	Position / Job title		Type: ☐ Full-time ☐ Part-time ☐ On-Call				
			□ Other:				
Start Date (YYYY/MM/DD)	End Date (YYYY/M	MM/DD)	Reason for Leaving (if applicable)				
Employment History 2	☐ Currently Employed		ous Employment				
Employer	Position / Job title		Type: ☐ Full-time ☐ Part-time ☐ On-Call				
			☐ Other:				
Start Date (YYYY/MM/DD)	End Date (YYYY/M	MM/DD)	Reason for Leaving (if applicable)				
What have you done to see		st 6 months?	Have you applied for any jobs in the past 6 months?				
☐ Public employment ager	ncy		□ No □ Yes, please indicate a number beside				
☐ Private employment age	ncy		the following outcomes with your job search. Outcomes				
☐ Community agency - ser	vices or support (ISET)		No Responses Interviews				
☐ Employers directly							
☐ Friends or relatives			Offered Positions Hired				
\square Looked at job ads			Do you have a Social Insurance Number (S.I.N.)				
☐ Have not searched for e	mployment (N/A)	□ No □ Yes					
☐ Other, Please specify:							
Please identify the barriers to employment or education that you are facing (Select all that apply):							
☐ Access to technology ☐ Lack of education ☐ Age			☐ Physical or Mental Health				
☐ Transportation	☐ Lack of experience	☐ Family Su	ıpport □ Illness or Disability				
☐ Childcare	☐ Lack of soft skills	story Literacy / Learning challenges					
\square Housing \square Language \square Discrimina			ition ☐ Financial Resources				
□ Remoteness □ Employment Gaps □ Backgrou			ınd □ Other:				
Please identify 1-3 short-term (within 1 year) employment goals that you have:							
, , , , , , , 							
Please identify 1-3 long-term (2-5 years) goals employment/career goals that you have:							



FINANCIAL INFORMATION

Please identify any other sources of funding you have received for education / employment purposes? N/A (Student Loans, Band/Community Funding, Other Services, etc.)							
Source		Description		Amount			
1.				\$			
2.				\$			
3.				\$			
4.				\$			
5.				\$			
Have you received any funding supp	orts from IAAW?	Are you currently a So	ocial Assis	tance recipient?			
\square No \square Yes, please specify the	funding / program:	□ No □ Yes					
Please select your sources of income	e:	Please select your annual salary/income range:					
☐ Alberta Works ☐	□ \$0 - \$20,000 □ \$80,000 - \$100,000						
☐ Employment Insurance (EI) ☐	Nation / Settlement	□ \$20,000 - \$40,000	□ \$1	00,000 and up			
□ AISH □	Employment	□ \$40,000 - \$60,000	□ N/	Α			
☐ Family		□ \$60,000 - \$80,000					
☐ Other:							
Additional Comments / Details:							
PARTICIPATION CONSENT							
I,	, the undersigned gi	ve my consent to the Insti	tute for the	Advancement of			
(Participant Name) Aboriginal Women (IAAW) to gather and store the information contained in this form regarding my eligibility and participation in the EPP program. I acknowledge that the information is collected and administered in accordance with the <i>Privacy Act of Canada</i> and the <i>Access to Information Act</i> . Information collected is used to determine eligibility for the EPP program; measure the results of this and evaluate the program success; and meet its obligation of accountability by reporting on the results of the Program. I give my consent for the EPP Coordinator to contact other service/funding providers regarding my application and other sources of income.							
I, the undersigned, have read and understand this Participant Registration form. To the best of my knowledge, the information I have provided to complete and correct. I will advise the EPP Coordinator of any changes.							
Participant Signature			Date				
If under the age of 18, a parent or guardian must complete and sign this form.							
Parent / Guardian Name F	Parent / Guardian Signature		Date (YYY/N	MM/DD)			
Phone	Email	· · · · · · · · · · · · · · · · · · ·					