

Nuu-chah-nulth Employment & Training Program
Participant Information Form



NEDC Entrepreneurship Camp

Social Insurance Number: _____

Last Name: _____ First Name: _____ Initials: _____

Birthdate: _____ / _____ / _____ Phone: _____
(dd/mm/yy)

Address: _____

City: _____ Postal Code: _____

Email: _____

Gender: Male Female Place of Birth _____

Are you Canadian Citizen: Yes No Landed Immigrant: Yes No

Date of Entry to Canada: _____ Place of Entry: _____

Are you currently in receipt of Employment Insurance Benefits? Yes No

Have you received: EI Benefits within the last 3 years or Maternity/
Parental Benefits within the last 5 years? Yes No

Are you currently in receipt of Social Assistance? Yes No

Address of your local Social Service Officer: _____

Immediately before applying you were: Employed Unemployed Student

Do you live: On-Reserve Off-Reserve **Are you:** Status Non-Status Inuit Metis Non Aboriginal

Member Nation: _____

Any food allergies or dietary concerns(diabetes, etc)?:

Where/Who did you hear about this event?: Email from NEDC
 Email from other person Band Bulletin Fax NEDC
employee Ha-shilth-sa Friend/Colleague
 Other:

In case of emergency contact: (Name & Number & Relationship) _____

I acknowledge that this information is collected under authority of the EI Act and the Aboriginal Human Resource Development Agreement and is administered in accordance with the Privacy Act. Information can be provided to HRSDC or used by the NETB for accountability purposes. In signing this application I certify that the information is true and correct to my knowledge.

Signature

Date

For NETP Administration Use Only:

- Release of Information Form signed by participant
- Participant Form sent to NETP Administrative Assistant

NET Program Number