



# TWN SKILLS CENTRE – TSLEIL-WAUTUTH NATION EMPLOYMENT & TRAINING APPLICATION

REVISED SEPT 2020

## Personal Information Form

Please complete all sections thoroughly.

Complete and accurate information is required to determine your eligibility.

<b>Section A</b>				<b>PERSONAL IDENTIFICATION</b>			
Last Name:			First Name:			Middle Initial:	
S.I.N. :            /            /			Birth Date: MM/            DD/            YYYY/			Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>	
Mailing Address:			City:		Prov:	Postal Code:	
Telephone#:		Message #:		Email:			
Aboriginal status: Registered Indian <input type="checkbox"/>			Non-Status <input type="checkbox"/>		Inuit <input type="checkbox"/>	Metis <input type="checkbox"/>	
Band Name:			Band Registry Number:				
Marital Status: Married / Equivalent <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>						# of dependents living with you:	
Do you require child care? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what is your current source of child care?					
Do you identify as having a physical or mental disability that affects your ability to perform daily tasks?    Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, how does your disability restrict your performance of daily tasks? Please Explain:							
Are you a Canadian citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Language Spoken? English <input type="checkbox"/> French <input type="checkbox"/> Other:			Do you have a Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What is preventing you from finding work?							
Have you applied for or are you currently in receipt of Employment Insurance?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had an Employment Insurance Claim within the past three years?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had a Parental or Maternity leave claim in the past five years?						Yes <input type="checkbox"/>	No <input type="checkbox"/>

What is your current source of income?

Social Assistance  Student Loans  Pension  Part-time Work  Full-time Work  Other

If other, please explain:

Are you registered with a **WorkBC** Employment Service Centre? Yes  No

If yes, which office?

**Section B EDUCATION AND TRAINING**

Highest Grade completed: \_\_\_\_\_ Year Completed: \_\_\_\_\_ Province/Country: \_\_\_\_\_

Please list all degrees, trade levels, licenses, diplomas, certificates or work tickets obtained:

List all adult basic education, post-secondary training and or courses that you have attended

Institute/Organization	Location	Year	Course	Certificate, Diploma, Degree, Tickets	Completed?

**Section B EDUCATION AND TRAINING - Continued**

List any ACCESS funded programs you have previously participated in and the outcome or results for you.

Year	Program	Completed?	Outcome/Result

Are you currently attending school full time?

Yes  No

If yes, how many hours of school per week are you attending? \_\_\_\_\_

/ week.

Do you intend to return to school in the upcoming academic year/semester? Yes  No

Have you left school to permanently join the workforce? Yes

No

Please Explain: \_\_\_\_\_

Section C		EMPLOYMENT HISTORY				
Are you currently employed?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		
List your last three jobs starting with the most recent.						
Job Title	FT/PT	Company Name	Start Date dd/mm/yyyy	End Date dd/mm/yyyy	Salary	Reason for Leaving
Describe what you have done to find work:						

OFFICE USE ONLY	
ACTIVE EI CLAIM <input type="checkbox"/>	REACH BACK <input type="checkbox"/>
CRF <input type="checkbox"/>	
Comments:	

All information provided to us will be considered as supplied in confidence. Under certain circumstances some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact Tsleil Waututh Nation – Employment & Training

\_\_\_\_\_  
**Applicant's signature**

Date:      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
                  DAY                      MONTH                      YEAR

**Client File Number:** \_\_\_\_\_



How can TWN Skills Centre help you?  
Please check ✓ all that apply to you.

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- I need to use the computer lab for:  
Internet, telephone, photocopying, and/or faxing
- I need help writing my resume and cover letters.
- I need referrals to job openings.
- I need help preparing for job interviews.
- I need help planning my next move.
- I need help determining my interests and skills.
- I need to upgrade my academic skills.
- I need financial assistance to attend training.
- I need help applying for student loan.
- I need help starting my own business.
- I need financial counseling.
- I need stress counseling.
- I need drug/alcohol abuse counseling.
- I need financial assistance for daycare.
- I need help contacting my Band/Metis Nation