



### CLIENT CONSENT Authority to Disclose

Under the authority of the Employment Development Act, S.N.B. 201 ] , c. 148, the Department of Post-Secondary Education, Training and Labour (the Department) collects, accesses, uses, discloses and protects information provided by you in accordance with section 46(1)(a) of the Right to Information and Protection of Privacy Act, SNB 2009, c. R-10.6 (RTIPPA); section 37(1) of the Personal Health Information Protection and Access Act, SNB 2009, c. P-7.05 (PHIPAA); and the Department's Document and Record Management Policy for the purposes of administrating programs and services.

### Consent to Collect, Access and Use Personal Information

I allow the Department, its agents, and service providers to collect only as much personal information as is reasonably necessary and use my information for the following purposes:

- To determine and verify my eligibility and/ or participation in the program/ service for which I am applying and/or receiving; - To assist me in attaining my employment /business /training /academic upgrading goals, which includes monitoring my progress and any pre- and/or post-assessments; and - To administer programs and services;
- To contact me both during and for a period of up to seven (7) years following my participation in the program/service to monitor and evaluate my employment/training status.

I consent to receive text messages, when applicable, on my cell phone provided in the application. I understand that standard or higher text messaging rates may be applied. Consent to Disclose Personal Information

I understand that in order to accomplish these purposes, my information may need to be shared. I hereby consent to allow the Department, its agents and external service providers to disclose my information if and when necessary to other branches within the Department; other New Brunswick provincial departments; federal government departments as per information sharing agreements; eligible employers; and third-party researchers/evaluators.

### Acknowledge Revoke

I understand that I can cancel my consent in writing at any time and in doing so I understand that I will no longer be able to participate in the program/ service because of its administrative requirements and the requirements established by the Canada New Brunswick Labour Market Agreements and in accordance with the RTIPPA.

### Signatures

I have read the above information in its entirety. I understand that all information provided by me must be accurate; and that I am responsible to immediately notify the Department, its agents and service providers of any changes. I acknowledge that this authorization is valid for the duration of the program(s) or service(s) and the monitoring associated with it, and to carry out the evaluation of the programs(s) or service(s) as established by the Department of Post-Secondary Education, Training and Labour. If you have any questions regarding how your personal information is collected or used, you may contact the Program Officer/Consultant/Employment Counsellor at the Department of Post-Secondary Education, Training and Labour in your region. A list of all departmental Employment Development offices and their contact information can be found online at: [www.snb.ca/PETLContact](http://www.snb.ca/PETLContact)

---

Name of Client (please print) Signature Date

---

Name of Parent/Guardian/Trustee (if applicable) (please print) Signature Date

---

Name of Department or Agency Representative (please print) Signature Date



Indigenous Skills and Employment Training Program (ISET-P) Client  
Information Sheet

Date: \_\_\_\_\_

All information collect will be kept strictly confidential in accordance with the Privacy Act. Some information may be shared (including SINS) with other funding/service providers Service Canada, to provide the best service possible in assisting clients with training and employment needs.

**PERSONAL:**

LAST NAME: \_\_\_\_\_

INITIAL: \_\_\_\_

FIRST NAME: \_\_\_\_\_

SOCIAL INSURANCE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Contact Info:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

GENDER: \_\_\_\_\_

Emergency Contact Information:

Name	Relationship	Phone #
------	--------------	---------

**ABORIGINAL GROUP:**

\_\_\_\_\_ REGISTERED ON-RESERVE Treaty # \_\_\_\_\_

\_\_\_\_\_ REGISTERED OFF-RESERVE Treaty # \_\_\_\_\_

\_\_\_\_\_ NON-STATUS INDIAN \_\_\_\_\_ METIS \_\_\_\_\_ INUIT

**LABOUR FORCE ATTACHMENT**

\_\_\_\_\_ EMPLOYED (IF YES) JOB TITLE: \_\_\_\_\_

\_\_\_\_\_ UNEMPLOYED \_\_\_\_\_ EMPLOYMENT INSURANCE CLAIMANT

\_\_\_\_\_ STUDENT \_\_\_\_\_ REACHBACK CLIENT (HAD A CLAIM IN PAST 5 YEARS)

\_\_\_\_\_ NON-INSURED CLIENT

**DISABLED GROUP:**

Do you have any disabilities, medical conditions or other concerns that may influence your ability to find and keep employment?

**TYPE OF DISABILITY:**

\_\_\_ AGILITY \_\_\_ DEVELOPMENAL/INTELLECTUAL  
\_\_\_ HEARING \_\_\_ LEARNING \_\_\_ MENTAL HEALTH  
\_\_\_ MOTOR SKILLS \_\_\_ OTHER

**BARRIERS TO EMPLOYMENT:**

\_\_\_ NONE \_\_\_ NEED DRIVER’S LICENCE  
\_\_\_ LACK OF JOB EXPERIENCE \_\_\_ NEED G.E.D. (GRADE 12)  
\_\_\_ LACK OF TRANSPORTATION \_\_\_ REMOTENESS

**MARITIAL STATUS:**

\_\_\_ SINGLE \_\_\_ DIVORCED  
\_\_\_ SEPARATED \_\_\_ COMMON-LAW  
\_\_\_ MARRIED \_\_\_ WIDOWED

I HAVE DEPENDENT(S) CHILDREN LIVE WITH ME.

Ages: Child #1 \_\_\_ Child#2 \_\_\_ Child #3 \_\_\_ Child #4 \_\_\_

Will you require child care? \_\_\_\_\_

**HOUSING:**

\_\_\_ Band-Owned  
\_\_\_ Rent/Board

**TRANSPORTATION:**

\_\_\_ DO YOU OWN A CAR?  
\_\_\_ DO YOU HAVE ACCESS TO TRANSPORTATION?  
\_\_\_ WILLINGNESS TO RELOCATE?

**DRIVERS LICENSE: Yes or No**

\_\_\_ HEAVY VEHICLE \_\_\_ BUS  
\_\_\_ MOTORCYCLE \_\_\_ TRUCK/TRAILER  
\_\_\_ SCHOOL BUS \_\_\_ VEHICLE/CAR

If no, are you willing to acquire your License? Y/N: \_\_\_\_\_

**EDUCATION:**

HIGHEST LEVEL OF EDUCATION (PLEASE CHECK ALL THAT ARE APPLICABLE):

- UP TO GRADE 7-8  GRADE 9-10
- GRADE 11-12  HIGH SCHOOL GRADUATE
- GED  SOME POST-SECONDARY TRAINING
- APPRENTICESHIP, TRADES CERTIFICATE, OR DIPLOMA
- COLLEGE, CEGEP OR OTHER NON UNIVERSITY CERTIFICATE
- LICENSE/TRADE CERTIFICATE
- IF YES, YEAR ATTAINED: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

If you do not have High School Diploma, would you consider attending a GED Course?  
YES or NO: \_\_\_\_\_

**STUDENT INFO**

UNIVERSITY OR COMMUNITY COLLEGE

FROM \_\_\_\_\_ TO \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_

WHAT IS YOUR STUDY OR TRADE

\_\_\_\_\_

**CERTIFICATIONS**

Course	Provider	Date completed/Expired

Are you interested in Training:

- Carpentry/Labourer  Administration  Heavy Equipment
- Cooking  P.S.W./L.P.N.  Welding
- Plumbing  Electrician  Early Childhood Training

Any Additional Training you are interested in that is not mention above:

\_\_\_\_\_  
\_\_\_\_\_

**SAFETY TRAINING COMPLETED:**

Course	Provider	Date Completed+Expiration

Are you interested in Safety Training: \_\_\_\_\_  
WHIMS \_\_\_\_\_ BABYSITTING \_\_\_\_\_ CHAINSAW \_\_\_\_\_  
FALL PROTECTION \_\_\_\_\_ FIRST AID/CPR \_\_\_\_\_ HUNTING \_\_\_\_\_  
Any Additional SAFETY Training:

---

---

---

## EMPLOYMENT HISTORY

### CURRENT OR LAST EMPLOYMENT

---

LAST EMPLOYER \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_

REASON FOR LEAVING

---

FIRST PREVIOUS EMPLOYMENT \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_

REASON FOR LEAVING

---

SECOND PREVIOUS EMPLOYMENT \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_

REASON FOR LEAVING

---

Do you have a Resume? YES or NO \_\_\_\_\_

If No, are you interested in creating one? \_\_\_\_\_

1, \_\_\_\_\_, give First Nation Employment Office permission to check with Service Canada or Post-Secondary Employment and Training with Province of NB, for EI eligibility and, if needed, to share this information to my benefit. If you are applying for a training Program that is less than 2 years in length and you are not funded by the Post Secondary Department, please fill out an application for funding.

CLIENT'S SIGNATURE

\_\_\_\_\_

ISET-P ETO SIGNATURE

For Office Use Only

CRP\_EI