

Career Development requires the Form 1.0 Client Intake Form to be completed. Incomplete Application will be ineligible for our training program.

This section is to be completed by Coordinator or Coach

Training Program Name		Funding under	1 - ISETS, 2 - SPF, 3 - Other:
Location of Course		Required Documents	
Notes:			

1. Core Client Information

Full Name:			Treaty Status #:	
Date of Birth:		SIN#	Heath Care #:	
Gender: Male Female Unknown	Marital Status: Divorced Married Separated Single Widowed			

2. Client Contact information:

Address:				
	House #	PO Box	Community	Province
Postal Code				
Phone #:			Email:	

3. Indigenous Information

Reserve: (circle one)	On Reserve	Off Reserve	On Other Reserve	Other:	
First Nation: (circle one)	765 – Behchokq	769 Whatì	773 Gamèti	774 Wekweèti	Other:

4. Next of Kin/Spouse

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Phone: & Address:	<input type="text"/>		

5. HR Client (1 Personal under VENN)

Citizenship	Canadian	Treaty Status #	Dependants #		
Referred by:	Dene Wellness Health Centre	Economic Development Social Development	Education Walk In	Employer	
Aboriginal Group:	Registered Indian-1	Non-Status Indian-2	Métis-3	Inuit-4	
Languages Spoken:	Indigenous Languages (Tłıchǫ)		English	French	None listed
Languages Preferred:	English	French	Disability:		
Labour Force Category	Employed	Student	Unemployed		
Employment Readiness	Not Ready To Work	Ready to Work	Unable to Work		
License:	Class #	Prov	Expiring	Comment	

6. Assessment (Action Plan)

Employment Dimension	18 options, please discuss with CC or Coach.	Start Date of Action Plan:
Employed Status (circle one)	Full-time Employed,	Part-time Employment,
	Student,	Unemployed
Receiving Funding: (circle one)	Social Assistance Recipient, EI Claimant, Other:	
Child Care Required? (circle one)	Y / N	Child Care Funding (circle one)
		NA EI/CFR FNICCI No Funding Subsidy Daycare Assisted
Employment Barrier (circle one)	None	Lack of Labour Education
	Lack of Work Experience	Lack of Transport
	Remoteness	Language
	Economic	Dependant Care
	Lack of Skills	Physical/Emotional/Mental Health
	Other: _____	

7. Education (Action Plan)

Educations Level:	<input type="text"/>	Date Completed:	<input type="text"/>
Institution:	<input type="text"/>	Certification:	<input type="text"/>
		Discipline:	<input type="text"/>
Educations Level:	<input type="text"/>	Date Completed:	<input type="text"/>
Institution:	<input type="text"/>	Certification:	<input type="text"/>
		Discipline:	<input type="text"/>

8. Interventions (Action Plan)

Please take the time to arrange consultation with your Career Coordinator.

8.a - Record of Needs Assessment: is there demonstrated need for an intervention

Career Decision Making	Notes:
<ul style="list-style-type: none"> • Has research career/employment goal • Occupation matches interests, values and person characteristics • The occupation fits person /family circumstances • Is aware of employment opportunities / labour demand in the areas where they prepared to work? • Is there work for that occupation in the area? • Knows where training can be obtained and training dates 	
Skill Enhancement	Notes:
<ul style="list-style-type: none"> • What skills do they have now? • Is skill level up to occupation demands? • Communication and computer skills • Labour force attachment – work experience meets industry standards? • Job Market factors – is there a demand for these skills • Income will provide current skills, provide sufficient earnings • Self management skills appropriate for occupation 	
Job Search	Notes:
<ul style="list-style-type: none"> • Favourable presentation / appearance • Can handle job interviews? • Understands and is able to prepare own resume? • Resume is current and appropriate for employment prospects • Has reliable transportation for work? • Has telephone and message system in place for job search? 	
Employment Maintenance	Notes:
<ul style="list-style-type: none"> • Does physical mental health affect employment? • Does addictions affect employment? • Do family issues affect employment? • Is child-care with back up in place? • Is housing adequate and affordable? • What is the attitude and behavior to work? • Can manage conflict, are they ready and willing to work? 	

8.b - Employment Action Plan (Goal barrier, action steps)

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8.3 - Clearly stated Employment goal (not a training goal)

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9. Employment/ Qualification

Please take the time to arrange consultation with your Career Coordinator.

Notes:

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10. Media Release & Consent Form

Name:	Phone Number:
Address:	

- A. I, _____, hereby consent to the use, reproduction and publication of photographs and video of me by the Client Services Department of the Tłıchq Government, its agents and assigns.
- B. I understand that by signing this form, I acknowledge the Client Services Department of the Tłıchq Government, its agents and assigns have asked for, and received, my permission to use these likenesses of me on government websites, social media, and in government documents and promotional materials in various media. Such likenesses may be reproduced electronically, alone or in composites.
- C. I understand that any representation of me on a government website will be accessible to anyone with Internet access, and that a copyright notice prohibiting the copying of material without the Client Services Department of the Tłıchq Government, written authorization will be posted on the website. I understand that the Tłıchq Government and the Departments are not responsible for and have no control over what other parties might do with these representations once published.
- D. I have read this release carefully. I understand its contents and I agree with its terms. I understand that by signing this consent form, I am waiving any legal rights I may have to the photographs. I am also consenting to the release of my name and hometown for the purposes of identifying me.

Signature:		Date:	
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IMPORTANT: If you are under 18 years of age, please have your parent or legal guardian read this document and complete the portion below, if they agree to its terms:

Signature of Parent/Legal Guardian:	Name of Parent/Legal Guardian:
Date:	Phone Number:

11. Client Declaration

I declare that the information submitted in this application is true, correct, and complete to the best of my knowledge. I also declare that the financial assistance sought will be used for the educational purposes as set out in the signed sponsorship agreement. I understand that if I have given any false or misleading information, I could be charged with a criminal offense and will be liable for full repayment of any assistance received.

I hereby give permission to Career Development, Client Services Department of The Tłıchq Government to verify the information in this application and approve access of my school records.

By signing this I give consent for Career Development, Client Services Department of The Tłıchq Government to release information contained in this form with Enrolment and Service Canada regarding to the ISET program.

Application Signature

Date

Career Development
Signature

Date