



# North East Alberta Apprenticeship Initiative

## NEAAI CHECKLIST FOR CLIENT

**NEAAI Office –Bonnyville-Lac La Biche-Lloydminster-Edmonton**

**Client Name:** \_\_\_\_\_ **Sign-up Date:** \_\_\_\_\_

**Trade:** \_\_\_\_\_ **AIT #** \_\_\_\_\_ **Registration Date:** \_\_\_\_\_

Indentured? yes\_\_ no\_\_ Employed or Unemployed? yes\_\_ no\_\_

**Employer:** \_\_\_\_\_

**Non -Trade:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Have you ever been a previous “NEAAI” or “Walk with Us” client? \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

**Client Phone Number:** \_\_\_\_\_

### Mandatory Requirements:

	Indigenous	Non- Indigenous
	If client is Indigenous name of Community (First Nation, Metis Settlement or Metis Zone)	
	Resume: ____ Yes ____ No	
	Cover letter: ____ Yes ____ No	
	Copy of Safety Tickets: ____ Yes ____ No	
	Need: _____	
	Education requirements met for specific trade	
	High school transcripts, or GED	
	Date of cancellation of online AIT application	
	Driver’s License: Class: __ GDL : __ Air Brake: __	
	Transportation available: __ Yes __ No	
	Copy of Indian Status, Metis card or Settlement card	
	Ready, willing and able to work (Necessary arrangements in order to enable client to work)	





# North East Alberta Apprenticeship Initiative

## PERSONAL INFORMATION (Please Print)

Name: \_\_\_\_\_  
First Middle Surname

Address: \_\_\_\_\_  
Box/Street Town/City Postal Code

Telephone Number: \_\_\_\_\_ Contact/Cell Number: \_\_\_\_\_

Other Contact Numbers: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Insurance Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month -Day-Year

Gender: Male: \_\_\_\_ Female: \_\_\_\_

Are you interested in apprenticeship training? Yes\_\_ No\_\_

Which trade? \_\_\_\_\_

Example: Plumber/Millwright/Electrician/Welder/HeavyDutyMechanic/Hairstylist/Baker

ONLY Status/Treaty/Metis to complete:

First Nation or Settlement \_\_\_\_\_ Province: \_\_\_\_\_

Residence: On Reserve or Settlement: \_\_\_\_\_ Off Reserve or Settlement: \_\_\_\_\_

Treaty or Metis Number: \_\_\_\_\_

Do you have a VALID driver's license? Yes: \_\_\_\_ No: \_\_\_\_

Photocopy of Driver's License \_\_\_\_\_

If yes, indicate: Class: \_\_\_\_ Province: \_\_\_\_ Expiry Date: \_\_\_\_\_

(If no valid driver's license please list why): \_\_\_\_\_

Do you own a vehicle? Yes: \_\_\_\_ No: \_\_\_\_

If not, do you have access to reliable transportation? Yes: \_\_\_\_ No: \_\_\_\_

Marital Status: Single \_\_ Married or Equivalent \_\_ Divorced \_\_ Separated \_\_  
Widowed \_\_

Number of Dependent children living with you in same household: \_\_\_\_\_

List the names of the dependent children:

Name	Date of Birth	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Employment Details: Present or Latest Employment**

Employer: \_\_\_\_\_

Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Year Month/Year

Are you a registered Apprentice \_\_\_\_ Yes \_\_\_\_ No

**Employment Insurance Information:**

Currently have an Employment Insurance (EI) claim established? Yes \_\_\_\_ No \_\_\_\_

Recently applied or plan to apply for EI benefits? Yes \_\_\_\_ No \_\_\_\_

Received EI benefits in the last 3 years? Yes \_\_\_\_ No \_\_\_\_

Received maternity or parental benefits in the last 5 years? Yes \_\_\_\_ No \_\_\_\_

**Current Source of Income:**

Are you receiving Social Assistance Benefits: Yes: \_\_\_\_ No: \_\_\_\_ \$ \_\_\_\_

Federal (Band) \_\_\_\_ Provincial (SFI) \_\_\_\_

Social Worker's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Education Program Attended:**

Program/Course Name: \_\_\_\_\_

Program/Course Provider: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Type: Distance \_\_\_\_ E-Learning \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_

Status: Complete \_\_\_\_ Incomplete \_\_\_\_

**Highest-grade level competed (excluding G.E.D.)**

Grade: \_\_\_\_ Year completed: \_\_\_\_ Province: \_\_\_\_

Do you consider yourself a disabled person? Yes: \_\_\_\_ No: \_\_\_\_

If yes, please specify what type of disability: \_\_\_\_\_

Do you have a disability or other Condition that may affect your ability to become employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, please specify,

Do you require any supports (Tutoring, Assessment, Special Accommodations such as a reader, quiet room, etc.) while attending technical training or testing?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

### **Employment Search:**

What type of work are you looking for?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Seasonal: \_\_\_\_\_

When are you available to work? \_\_\_\_\_

How far are you willing to travel to go to work/camp job \_\_\_\_\_

Additional Notes:



# North East Alberta Apprenticeship Initiative

## CONSENT FOR RELEASE OF INFORMATION

I declare that:

The information given on this application and other applicable forms are true and I understand is subject to audit.

I consent to:

- I, \_\_\_\_\_ (client) hereby grant permission to Northeast Alberta Apprenticeship Initiative, to release or receive information verbally or in writing, to any federal or provincial government department, any First Nations programs or Departments, Housing authorities, educational institutions, landlord, lending institutions or employer, to verify any information I provided to Northeast Alberta Apprenticeship Initiative.
- The disclosure of my personal information between Northeast Alberta Apprenticeship Initiative staff for use in reports, research, statistical analysis, or program evaluations.
- The disclosure and exchange of my personal information between Northeast Alberta Apprenticeship Initiative, \*Alberta Apprenticeship and Industry Training, and Advanced Education and Career Development.
- I hereby authorize Aboriginal Affairs and Northern Development Canada to provide Tribal Chiefs and Employment Services Association with confirmation of my Indian Status.
- I hereby authorize Human Resources Development Canada (HRDC) to release information about the status and benefit rate of my Employment Insurance/Unemployment Insurance claim to the organization/person identified below to determine my eligibility to participate in an intervention through an Employment Benefit/Support Measure and/or for income support.
- This authorization will remain in effect unless I give written instruction HRDC to cancel the authorization
- This consent form is to be effective for the duration of the client's enrollment and may be withdrawn, by written notice, from the client at any time.

x \_\_\_\_\_  
SIGNATURE OF CLAIMANT

\_\_\_\_\_  
MONTH DAY YEAR

x \_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
MONTH DAY YEAR



# North East Alberta Apprenticeship Initiative

## CONSENT FOR RELEASE OF INFORMATION (Permission to Use Photograph)

Name: \_\_\_\_\_ Purpose of activity/subject: \_\_\_\_\_

I grant to Northeast Alberta Apprenticeship Initiative, its representatives and employees the right to use my photograph and my property in connection with the above-identified subject. I authorize NEAAI, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that NEAAI may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature: \_\_\_\_\_

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

## CONSENT TO DISCLOSE PERSONAL INFORMATION CONSENT FORM

*The collection, use and disclosure of your personal information is done under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act, R.S.A. 2000, c. F-25 and is managed in accordance with that Act.*

*Your written consent enables Alberta Innovation and Advanced Education to share and disclose your personal information held by Apprenticeship and Industry Training with the Northeast Alberta Apprenticeship Initiative (N.E.A.A.I.). If you have any questions about this, you may call the Director, Policy, Research and Board Support, Apprenticeship and Industry Training, Alberta Innovation and Advanced Education in Edmonton at 780-427-8765 or toll-free in Alberta by calling 310-0000 and asking for 780-427-8765.*

I, (Full Legal Name) \_\_\_\_\_,

(Address) \_\_\_\_\_,

(Telephone number) \_\_\_\_\_,

Apprenticeship and Industry Training identification number (if available) \_\_\_\_\_,

authorize Alberta Innovation and Advanced Education to disclose the following personal information respecting my apprenticeship and trades related records on file with Apprenticeship and Industry Training for the purpose of my enrolment and participation in the Northeast Alberta Apprenticeship Initiative.

Check all that apply

- Status of my entrance and/or prior learning exams and eligibility to be a registered apprentice
- Status of my apprenticeship application, including approval, registered or cancellation
- Technical training status, results of technical training exams and government exams for each period of training
- Examination schedule, results and any subsequent requirements with regards to examinations
- Status of record book, program completion and progression within my apprenticeship program
- Eligibility for an apprenticeship award or scholarship
- Other \_\_\_\_\_

This information is to be provided only to authorized staff of the Northeast Alberta Apprenticeship Initiative.

I understand that I am not obliged to consent to the release of the above information. I am aware that I may revoke my consent at any time by doing so in writing.

This consent is valid for the duration of my enrolment and participation in the Northeast Alberta Apprenticeship Initiative.

Signature of individual providing consent (sign in ink): \_\_\_\_\_

Printed name (in ink): \_\_\_\_\_

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





Information you provide is collected under the authority of Section 33 (c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and is managed in accordance with Part 2 of the (FOIP) Act. The information provided will be used to determine eligibility and registration for Government of Alberta funded employment and training programs and services, and to assess and evaluate the effectiveness of programs and services. Your personal information may be disclosed to an authorized employee, agent or contractor of the Government of Alberta or the federal government to assist in determining eligibility and to assess and evaluate the effectiveness of programs and services. Upon completion, your information may be used to contact you to answer a survey. Your personal information will not be used or disclosed for any other purpose without your consent or unless required to do so by law. Should you wish to have your information removed, corrected or have concerns, please contact your Ministry representative.

For services delivered by or on behalf of Community and Social Services contact the Senior Program Planner, Career and Employment Information Services, 14<sup>th</sup> floor, South Tower, Seventh Street Plaza, 10030 107 Street NW, Edmonton T5J 3E4, Telephone Number (780) 643-1447. For programs and services delivered by or on behalf of Alberta Labour contact the Executive Director, Training and Employment Services Branch, 2<sup>nd</sup> floor, Provincial Building, 346 3 Street SE, Medicine Hat T1A 0G7, Telephone number (403) 529-3692.

## PERSONAL INFORMATION

Social Insurance Number <input style="width:100%; height: 15px;" type="text"/>	First Name <input style="width:100%; height: 15px;" type="text"/>	Last Name <input style="width:100%; height: 15px;" type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (mmm-dd-yyyy) <input style="width:100%; height: 15px;" type="text"/>	Mailing Address <input style="width:100%; height: 15px;" type="text"/>		
City <input style="width:100%; height: 15px;" type="text"/>	Postal Code <input style="width:100%; height: 15px;" type="text"/>	Telephone Number <input style="width:100%; height: 15px;" type="text"/>	Status in Canada <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Visitor
Are you a member of one or more of the following designated groups? (Check all that apply - optional) <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Recent Immigration (5 years or less) <input type="checkbox"/> Indigenous Person		If Indigenous Person, choose one of the following <input type="checkbox"/> Status <input type="checkbox"/> Non-status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	

## EMPLOYMENT INFORMATION

What is your employment status? <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	Employer Name (Most recent) <input style="width:100%; height: 15px;" type="text"/>		
Start Date (mmm-dd-yyyy) <input style="width:100%; height: 15px;" type="text"/>	End Date (mmm-dd-yyyy) <input style="width:100%; height: 15px;" type="text"/>	Occupation <input style="width:100%; height: 15px;" type="text"/>	
How many hours did you/or do you work each week? <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51+		What was your reason for leaving? <input style="width:100%; height: 15px;" type="text"/>	
What is/was your wage/salary before deductions at your current/last place of employment? \$ <input style="width:100%; height: 15px;" type="text"/> <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			

## EDUCATION INFORMATION

What is the highest level of education that you have completed? Select one			
Regular School System (K-12)		Adult Academic Upgrading	
<input type="checkbox"/> Less than Grade 10	<input type="checkbox"/> Some Secondary (10 – 12)	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Grade 12 Completed
<input type="checkbox"/> AU 1-6	<input type="checkbox"/> AU 7-9	<input type="checkbox"/> AU 10 – 12	<input type="checkbox"/> ESL <input type="checkbox"/> GED
Post-secondary Education			
<input type="checkbox"/> 1 year Certificate	<input type="checkbox"/> 2 year Diploma	<input type="checkbox"/> Applied Degree	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> 1st year Apprentice	<input type="checkbox"/> 2nd year Apprentice	<input type="checkbox"/> 3rd year Apprentice	<input type="checkbox"/> 4th year Apprentice
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctoral Degree	<input type="checkbox"/> Journeyman	
<input type="checkbox"/> Non-credential training			
Institution Name <input style="width:100%; height: 15px;" type="text"/>		Start Date (mmm-dd-yyyy) <input style="width:100%; height: 15px;" type="text"/>	End Date (mmm-dd-yyyy) <input style="width:100%; height: 15px;" type="text"/>
Attendance Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Distance (Correspondence)		Have you received government funded training in the past 4 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## EI CLAIM INFORMATION

Do you currently have an Employment Insurance (EI) claim established? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type of claim? <input type="checkbox"/> Regular <input type="checkbox"/> Medical <input type="checkbox"/> Parental <input type="checkbox"/> Maternity <input type="checkbox"/> Compassionate	
Have you recently applied, or do you plan to apply for EI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you received EI benefits in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## WHAT BRINGS YOU IN TODAY?

<input style="width:100%; height: 15px;" type="text"/>	Date of Visit (mmm-dd-yyyy) <input style="width:100%; height: 15px;" type="text"/>
<input style="width:100%; height: 15px;" type="text"/>	
<input style="width:100%; height: 15px;" type="text"/>	
<input style="width:100%; height: 15px;" type="text"/>	

## REGISTRATION DECLARATION

I understand that my personal information may be disclosed to an authorized employee, agent or contractor of the Government of Alberta or the federal government to assist in determining my eligibility for training and employment programs and services; to monitor, assess and evaluate the effectiveness of services provided and to evaluate the results of provincial programs.

**EI DECLARATION/CONSENT**

This section is to be completed by Employment Insurance eligible individuals participating in the following training programs:

- Contract-based training including:
  - Integrated Training
  - Immigrant Bridging
  - Self-Employment

I am requesting that the Government of Alberta, as a delegated authority under the Canada/Alberta Labour Market Development Agreement provide me with a referral to attend a full-time training program allowing me to retain my entitlement to employment insurance benefits provided by the Government of Canada.

- I agree to notify the Government of Alberta of any changes with respect to my participation in the government funded training program and that my failure to do so may result in a delay or overpayment of my employment insurance benefits.
- I understand that I will not receive any additional financial assistance from the Government of Alberta.

\_\_\_\_\_  
Date (mm-dd-yyyy)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**WCB ACKNOWLEDGEMENT**

This section is to be completed by individuals participating in one of the following training and/or employment services (who have not completed a Learner Income Support Application):

- Exposure Course(s)
- Contract-based and grant funded training including:
  - Immigrant Bridging
  - Integrated Training
  - Aboriginal Training to Employment
  - Workplace Training
  - Self-Employment
  - First Nations Training to Employment
- Contract-based Career and Employment services only while engaged in the job shadowing, work experience or casual labour pool work portion:
  - Job Placement
  - Transition to Employment Services

I understand that while I am registered and attending an employment and training program funded by the Government of Alberta (GOA), I am deemed to be a worker of the GOA for the sole purpose of receiving workers' compensation benefits under the *Workers' Compensation Act*. If injured in an accident, I will be entitled to claim workers' compensation benefits and have resigned my right to take legal action against the GOA, any other employer or worker covered by the *Workers' Compensation Act*.

\_\_\_\_\_  
Date (mm-dd-yyyy)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature