

CCATEC Office Use Only

Cariboo Chilcotin Aboriginal Training Employment Centre

205 – 197 N. Second Avenue, Williams Lake, BC V2G 1Z5

Tel: 250-392-2510 Fax: 250-392-2570



CCATEC

Contract # _____

Summer Student Participant Registration Form

What training are you applying for?



Trainee Identification / Information

Name: _____
last *first* *initial*

SIN: _____ Date of Birth: _____
day *month* *year*

Address: _____

Postal Code: _____ Email: _____

Telephone #: _____ Message #: _____

Source of Income: (written confirmation must be provided)

Employed: Employment Insurance: Federal S/A:

Prov S/A: Disability Insurance: Other: _____

Have you received Employment Insurance in the past 3 years? Yes _____ No _____

Have you received maternity or parental benefits in the past 5 years? Yes _____ No _____

Check all that apply:

Male Female Youth (under 29) Over 30

Disabled: Yes No Nature of disability: _____

Status: Non-status: Inuit: Métis: Non Aboriginal:

If status, name of Band/Community: _____

Band number: _____ (first 3 numbers of your status number)

Live on-reserve: Off-reserve: Language: _____

Family Status:

Single Married/Common-law Divorced Widowed Separated

Number of dependents: _____

Please list dependents' ages: _____

Do you have a valid Driver's License: No Yes Class _____

Do you have transportation: No Yes Own Vehicle Other

Have you ever been a Summer Student in the past? (If more space needed use back of form)

Course: _____ Completed: Yes No Year: _____

Course: _____ Completed: Yes No Year: _____

Education:

Highest Level of Education Completed and the year: _____

- | | |
|--|--|
| <input type="checkbox"/> No formal education | <input type="checkbox"/> Secondary School Diploma or GED |
| <input type="checkbox"/> Up to Grade 8 | <input type="checkbox"/> Some College/University training |
| <input type="checkbox"/> Up to Grade 10 | <input type="checkbox"/> Apprenticeship / trades certificate / diploma |
| <input type="checkbox"/> Up to Grade 12 | <input type="checkbox"/> University certificate or diploma |

Other training / courses completed:

Course: _____ Year Completed: _____

Course: _____ Year Completed: _____

Course: _____ Year Completed: _____

List any degrees / certificates you have:

What is preventing you from finding work:

- | | |
|---|--|
| <input type="checkbox"/> Little to no work experience | <input type="checkbox"/> Education |
| <input type="checkbox"/> No transportation | <input type="checkbox"/> No Daycare |
| <input type="checkbox"/> Live in remote Community | <input type="checkbox"/> No Driver's License |
| <input type="checkbox"/> Language | <input type="checkbox"/> Other not listed: _____ |

I have read and understand the above statements regarding information collected on this form. I understand the authority under which this information is collected. I also understand that if any information provided on this form is false or incomplete, my application may be rejected. If the information is found to be false or incomplete after I have entered a program, I could be dismissed from the program. I will **not** hold CCATEC or Service Canada for any claims for damage or injury that may be caused or sustained on/in transit to and from, the training premises during the period of training.

I hereby authorize the Release and/or Exchange of pertinent information regarding funding, sponsorship, address, attendance, progress/grades, admission, transcripts, and any other information that may pertain to my eligibility for programs or services to the Cariboo Chilcotin Aboriginal Training Employment Centre or CCATEC service providers/agencies.

I am aware that any photos taken may be used for and not limited for reporting purposes, promotional materials, programs, newsletters, electronic and printed materials, and news articles of the Cariboo Chilcotin Aboriginal Training Employment Centre or CCATEC service providers/agencies.

Should I not be able to complete the training program, I will advise CCATEC immediately. Failure to complete may impact future funding.

Name (please print)

Client Signature

Date

CCATEC Signature

Date

WORK HISTORY / EXPERIENCE

Fill out or attach your résumé

1

Present or Last Employer: _____

START: Month _____ Year _____ **END:** Month _____ Year _____

Job Title: _____ Wage: _____ per/hour

Job Duties: _____

Reason For Leaving:

Laid Off End of Contract Quit Fired Medical Moved

Returned to School OTHER (please explain) _____

2

Present or Last Employer: _____

START: Month _____ Year _____ **END:** Month _____ Year _____

Job Title: _____ Wage: _____ per/hour

Job Duties: _____

Reason For Leaving:

Laid Off End of Contract Quit Fired Medical Moved

Returned to School OTHER (please explain) _____

3

Present or Last Employer: _____

START: Month _____ Year _____ **END:** Month _____ Year _____

Job Title: _____ Wage: _____ per/hour

Job Duties: _____

Reason For Leaving:

Laid Off End of Contract Quit Fired Medical Moved

Returned to School OTHER (please explain) _____

PERSONAL RELEASE AND CONSENT FORM



CONSENT FOR USE AND DISCLOSURE BY CCATEC

I, _____ (**participant's name**), agree to be interviewed, photographed and/or videotaped by CCATEC, or its contracted sponsors. I hereby authorize the release and/or exchange of all pertinent information regarding funding, sponsorship, address, attendance, progress/grades, admission, transcripts, and any other information that may pertain to my eligibility for programs or services to the Cariboo Chilcotin Aboriginal Training Employment Centre or CCATEC service providers/agencies.

I also consent to the use and disclosure of elements of my personal information, contained in the said stories, photographs and/or videotapes, solely for the purpose of illustrating how participants benefit from the Provincial Government, Federal Government and CCATEC's programs and initiatives.

I understand that my participation in the said Training is voluntary and there will be no fee paid to me by CCATEC for the rights to use this material. The refusal to participate will in no way negatively impact any future dealings I may have with CCATEC.

CONSENT FOR ADDITIONAL USE AND DISCLOSURE

- I also agree that CCATEC may share my information with CCATEC's service providers/agencies
- I also agree that CCATEC may share my information with media outlets for use in their local, regional and/or national news broadcasts.

_____ **I agree with the above**

Signature: Date:

Print Name

PROTECTION OF INFORMATION

The information you provide is administered in accordance with the *Privacy Act* and other applicable legislation governing the protection of personal information under the control of CCATEC. Under the provisions of the *Privacy Act*, individuals have the right to protection of, and access to, their personal information and are entitled to request corrections.