

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



Contract # \_\_\_\_\_

## 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:** Employed:  Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employment Insurance:  Federal S/A:

Prov S/A:  Disability Insurance:  Other:  \_\_\_\_\_

Have you received Employment Insurance in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

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

#### Check all that apply:

Male  Female  Other  Prefer Not to Say  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 sponsored by CCATEC 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.

**A T4A may/or will be issued in the amount of the contract for tax purposes if applicable.**

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) \_\_\_\_\_

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**# 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) \_\_\_\_\_

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**# 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) \_\_\_\_\_



## CCATEC

### CONFIRMATION OF LIVING SUPPORTS

Sponsoring Band/Organization: \_\_\_\_\_

Name of Program: \_\_\_\_\_

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

<b>Trainee Name</b>	<b>Total of Education Support \$</b>	<b>Total of SA Support \$</b>	<b>Other supports i.e. accommodations, meals, travel, childcare, etc.</b>
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

I hereby agree to support the above participants to attend training with the Cariboo Chilcotin Aboriginal Training Employment Centre. I understand that CCATEC will cover the cost of tuition and books only.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Position/Title*

\_\_\_\_\_  
*Date*

# 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.

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I agree with the above

Signature: ..... Date: .....

Print Name .....

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## 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.

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