

**SHOONIYAA WA-BIITONG TRAINING AND EMPLOYMENT CENTRE FOR
TREATY NO. 3**

TRAINING ASSESSMENT

Education Profile:

1. High School attended:
2. How are you working towards obtaining your high school diploma or GED?
3. List any post-secondary courses you have enrolled in:

<u>Training Course</u>	<u>Training Institution</u>	<u>Year</u>	<u>Completed (Y/N)</u>
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4. Degree/diploma acquired if you answered yes:
5. Reason for not completing if you answered no:
6. As a result of your post-secondary education, were you able to obtain work?
7. List any other training courses, seminars or workshops you have taken/completed

<u>Training Course/Certificate</u>	<u>Training Institution</u>	<u>Year</u>
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8. As a result of the training, were you able to obtain work? Yes No

Employment Profile:

1. Driver's License: Yes No Type: _____
2. What steps are you going to take to obtain your driver's license?
3. How are you going to get to class or work?
4. Most recent or relevant employment experience:

Previous/Current Employer:	Type of Business:	Employed from:
Job Title:	Weekly Salary:	$\frac{\quad}{m} / \frac{\quad}{y}$ to $\frac{\quad}{m} / \frac{\quad}{y}$
Describe the job duties:		

Previous Employer:	Type of Business:	Employed from:
Job Title:	Weekly Salary:	$\frac{\quad}{m} / \frac{\quad}{y}$ to $\frac{\quad}{m} / \frac{\quad}{y}$
Describe the job duties:		

Previous Employer:	Type of Business :	Employed from:
Job Title:	Weekly Salary:	$\frac{\quad}{m} / \frac{\quad}{y}$ to $\frac{\quad}{m} / \frac{\quad}{y}$
Describe the job duties:		

5. Please specify your reason for unemployment:

Training Profile:

1. Why are you interested in training at this time?

2. What type of work will this training prepare you for?

Occupational Research/Labour Market information:

In order to complete this section of the questionnaire, you may be required to contact an employer or an individual who is employed in this field of work:

What is your employment goal?

Describe the:

- 1) Job duties:

- 2) Working conditions:

- 3) Starting hourly salaries:

- 4) Is the work: Temporary (Seasonal or contract)
 Permanent full-time
 Part-time
 On-call/relief

- 5) What hours of work are required: Shift-work
 Overtime
 Weekends
 Nights
 Evenings

Days

- 6) List the special clothing or tools required:
- 7) What do you think you'll like about this type of work?
- 8) What things about the job might you not like?
- 9) Please list the job search methods will you use to find employment:
- 10) What geographic area do you plan to work in upon completion of training?

11) Please identify at least 2 potential employers: (NOTE: you may be required to contact employers directly or in *some* cases have an offer of employment)

Name of Business:	
Contact Person:	Telephone:
Results of contact:	

Name of Business:	
Contact Person:	Telephone:
Results of contact:	

If self-employment is your goal please provide a brief description of your business idea:

PREPARE A REALISTIC BUDGET

One of the major areas of concern for many people when deciding whether or not to consider training as a realistic option is their financial status. The best way to deal with this concern is to analyze your finances and prepare a viable budget.

MONTHLY INCOME:

1.	Employment Insurance Benefits:	\$
2.	Spouse's Income:	\$
3.	Family Benefits:	\$
4.	Employment Income:	\$
5.	Social Assistance:	\$
6.	Income from Other Sources:	\$
TOTAL MONTHLY INCOME:		\$

MONTHLY EXPENSES:

1. Housing:	Rent or Mortgage Payment	\$
	Heating	\$
	Utilities	\$
	Telephone (landline and/or cell)	\$
	Other (cable, internet, etc.)	\$
Sub-Total:		\$
2. Food:	Groceries	\$
	Restaurant Meals	\$
Sub-Total:		\$

3. Transportation:	Car (gas, maintenance, etc.)	\$
	Public Transit	\$
	Other (taxis, etc.)	\$
Sub-Total:		\$
4. Care of Dependents	1 st Child	\$
	2 nd Child	\$
	3 rd Child	\$
	Other	\$
Sub-Total:		\$
5. Debts:	Credit Cards/Charge Accounts	\$
	Loans	\$
	Other	\$
Sub-Total:		\$
6. Insurance:	Car	\$
	House/Contents	\$
	Medical	\$
	Other	\$
Sub-Total:		\$
7. Medical:	Doctor/Dentist/Optician	\$
	Prescription Drugs	\$
	Other	\$
Sub-Total:		\$
8. Taxes:	Property Tax	\$
	Income Tax	\$
	Other	\$
Sub-Total:		\$

9. Clothing:	Work	\$
	Family	\$
Sub-Total:		\$
10. Miscellaneous:	Entertainment	\$
	Laundry	\$
	Recreation	\$
	Other	\$
Sub-Total:		\$
TOTAL MONTHLY EXPENSES:		\$
LESS TOTAL MONTHLY INCOME:		\$
BALANCE:		\$

BEFORE TRAINING:

INCOME PER MONTH:\$ _____ EXPENSES PER MONTH:\$ _____

DURING TRAINING:

What are the **additional expenses** that you will have to incur in order to successfully complete the training program?

1. Dependant Care:	No. of dependants requiring care	
	Cost per day for dependant care	\$
Total Cost Per Week for Dependant Care:		\$
2. Transportation:	Own vehicle	\$
	Public Transit	\$
	Car Pool	\$
	Other (taxi)	\$
Total Cost Per Week for Transportation:		\$

3. Lunches (additional costs per week as a result of training)		\$
4. Clothing (strictly course related)		\$
5. Living away expenses (if training is in another city/town):		\$
6. Accommodation for disabilities		\$
7. Other training related expenses		\$
		\$
Total Other Related Expenses:		\$
Total Estimated Additional Expenses Per Month:		\$

REGULAR MONTHLY EXPENSES: \$

ADDITIONAL ESTIMATED MONTHLY EXPENSES: \$

TOTAL: \$

Revised May, 2011