



# Chi Mino Ozhitoowin

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Fort William First Nation, ON P7J 1L3  
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## Participant Information Form

Protected when completed

<b>Official Use Only:</b> REG: <input type="checkbox"/> EI: <input type="checkbox"/>	<b>Training &amp; Employment Advisor:</b> _____	<b>Contact:</b> <input type="checkbox"/> Office <input type="checkbox"/> Telephone <input type="checkbox"/> Email/Mail/Fax <input type="checkbox"/> Community Site Visit Name of Community: _____	Chi Mino Ozhitoowin undertakes follow-up surveys to determine whether program support proves beneficial. In order to conduct such surveys, information is required. Since private sector firms are often engaged to do these surveys, some, or all of the information you provide may be passed to them for this purpose. Chi Mino Ozhitoowin will try to alert you in advance when this is being done.
	<b>Date of Intake:</b> _____		

<b>Social Insurance Number: MANDATORY →</b>		<b>Date of Birth: MANDATORY →</b> ____/____/____ MM DD YY	<b>Student File # →</b>	
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First Name:	Middle Initial(s):	Last Name:
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Primary Telephone:	Alternative Telephone (optional):	Mailing Address:
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City/Town:	Province:	Postal Code:	Email Address (optional):
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Preferred Communication Method →	<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Facebook Messenger	Preferred or Nick name:
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First Nation Affiliation:	Do you reside on a First Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Employment Factors →</b>	<p>Are you ready, willing and available for work/training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what type of employment? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Contract</p> <p>Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you willing to work shiftwork? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Physical Capabilities: <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Lift over 50lbs <input type="checkbox"/> Walking <input type="checkbox"/> Outdoor Work</p> <p>Do you have a valid passport? <input type="checkbox"/> Yes, expiry date: _____ <input type="checkbox"/> No</p> <p>Have you previously worked for Valard? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you previously worked for any of the following transmission line projects:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> East-West Tie Transmission Line Project</li> <li><input type="checkbox"/> Wataynikaneyap Transmission Line Project</li> </ul> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If No, please continue to the next section.</b> If Yes, please answer the following:</p> <p>Which project did you work on?</p> <p><input type="checkbox"/> East West Tie Transmission Line Project</p> <p><input type="checkbox"/> Wataynikaneyap Transmission Line Project</p> <p>Have you successfully completed any training program offered by any of these projects?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, which program: _____</p>
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Barriers to Employment →	<input type="checkbox"/> None <input type="checkbox"/> Education <input type="checkbox"/> Other _____ <input type="checkbox"/> Remoteness <input type="checkbox"/> Lack of Work Experience <input type="checkbox"/> Physical, Emotional or Mental Health <input type="checkbox"/> Language <input type="checkbox"/> Lack of Work Transportation <input type="checkbox"/> Lack of Labour Force Attachment <input type="checkbox"/> Economic <input type="checkbox"/> Lack of Marketable Skills <input type="checkbox"/> Dependent Care		
	Number of Dependents:	Do you require child care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consider yourself to be a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's Licence →	<input type="checkbox"/> Class G <input type="checkbox"/> Class G1 <input type="checkbox"/> Class G2 <input type="checkbox"/> Class AZ <input type="checkbox"/> Class DZ <input type="checkbox"/> Class F <input type="checkbox"/> No Licence <input type="checkbox"/> Other: _____		
Employment and Training Goals → <i>(Please indicate training programs of interest)</i>	<p><b>Energy Readiness</b></p> <input type="checkbox"/> Introduction to Energy (Mandatory) <input type="checkbox"/> Essential Skills (Personal and Career Development) <p><b>Skills Specific Training</b></p> <input type="checkbox"/> Basic-Line Cutting <input type="checkbox"/> Security Guard <input type="checkbox"/> Remote Camp Support <input type="checkbox"/> Surveyor Assistant <input type="checkbox"/> Mechanical Harvesting <input type="checkbox"/> Heavy Equipment Operator <input type="checkbox"/> Class AZ Licence <input type="checkbox"/> Class DZ Licence <p><b>Pre-Trades Training</b></p> <input type="checkbox"/> Remote Camp Cook <input type="checkbox"/> Pre-Trades Construction Craft Worker <input type="checkbox"/> Pre-Trades Powerline Technician <input type="checkbox"/> Line Crew Ground Support <input type="checkbox"/> Pre-Trades Heavy Duty Equipment Mechanic <p>In priority order, please list your preference for training course selection:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>		
Personal Protective Equipment → <i>(Please identify size)</i>	Jacket: _____ Vest: _____ Safety Glasses: _____ Shirt: _____ Gloves: _____ Coveralls: _____ Pants: _____ Hat: _____ Workboots: _____		
Next of Kin/ Emergency Contact →	Name:	Relationship:	Telephone:
Declaration →	<p><i>Chi Mino Ozhitoowin is committed to respecting your privacy and protecting your personal information. This document and the information in it are provided in confidence, for the sole purpose of Chi Mino Ozhitoowin, and may not be disclosed to any third party or used for any other purpose without the express written purpose of the participant.</i></p> <p><i>Under the Privacy Act, the personal information collected on this form may be accessed by the participant.</i></p>		
Signature of Participant:		Date:	