



## SPARROW'S NEST EMPLOYMENT & TRAINING CENTRE



### REGISTRATION FORM

**TODAY's DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **MIDDLE:** \_\_\_\_\_ **LAST:** \_\_\_\_\_

**SUFFIX:** SENIOR  JUNIOR

**GENDER:** MALE  FEMALE  OTHER

PREFER NOT TO SAY

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

D M Y

**PREFERRED COMMUNICATION:** PHONE  FAX  PAPER  EMAIL

**PHYSICAL ADDRESS:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**MAILING ADDRESS** (if different from above)

**EMAIL ADDRESS** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**NAME OF EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

#### GENERAL INFORMATION

Do you live  On or  Off Reserve?

**TSUUT'INA BAND MEMBER?**  Y  N

**BAND NUMBER:** \_\_\_\_\_

If you answered no, **how are you connected to the community?** \_\_\_\_\_

**PREFERRED LANGUAGE:**  English  French  
 Tsuut'ina  Other

**INDIGENOUS TYPE:**  INUIT  METIS  STATUS  
 NON-STATUS  UNDECLARED

**MARITAL STATUS:**  Single  Married  
 Common Law  Divorced  Widowed

**BANK ACCOUNT:**  Yes  No

**PICTURE ID:**  Yes  No

**DRIVERS LICENSE:**  Yes  No

**SOCIAL INSURANCE NUMBER:**  Yes  No  
\_\_\_\_\_

#### SOURCE OF INCOME (select all that apply)

Employment

Income Support

Employment Insurance

Money from Friends and Family

Under the Table (ODD) Jobs

Child Tax

Disability

AISH

Student Loan

Other \_\_\_\_\_

Ages of Children in your care \_\_\_\_\_

Do you require Daycare?  Y  N

	<b>BASIC NEEDS- SOCIAL SUPPORTS</b>	YES	NO
1	Do you have access to nutritious food? (fruit, vegetables, meat, sugar, milk, bread)		
2	Do you have access to clean drinking water?		
3	Do you have stable, safe and clean accommodations?		
4	Do you have access to clothing, soap, toothbrush, pads, diapers etc?		
5	Do you have access to heat and electricity?		
6	Do you have access to a phone and/or the internet?		
7	Do you have a warm place to sleep?		

	<b>HEALTH AND WELLBEING</b>	YES	NO
1	Do you take any regular medications?		
2	Does medication interfere with daily activities such as causing drowsiness?		
3	Have you ever been treated for or, taken medication for a mental health condition?		
4	Have you ever been treated for a substance use condition? (drugs, alcohol, gambling)		
5	Do you have any non-visible difficulties (hearing, speech, dyslexia, anxiety)?		
6	Do you have any diagnosed conditions with your mental or physical health?		
7	Do you have access to healthcare?		
8	Do you have access to transportation?		
9	Do you have a support person/system who you can turn to?		
10	Do you live free from personal danger, violence or threats?		

<b>EMPLOYMENT</b>	
Have you worked during the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have enough education/training to go after the jobs you want? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have barriers ever prevented you from getting/keeping a job? (transportation/Daycare) <input type="checkbox"/> YES <input type="checkbox"/> NO	
What was your reason for leaving your last job?	
What is your dream job?	
Besides money, what motivates you to work?	
Are you interested in upgrading/training to get a job? <input type="checkbox"/> YES <input type="checkbox"/> NO	
What is your attitude towards employment? ( <b>Check all that apply to you</b> )	
<input type="checkbox"/> I work to pay the bills <input type="checkbox"/> I feel good about myself when I work <input type="checkbox"/> I would prefer not to work <input type="checkbox"/> I want to be self-sufficient <input type="checkbox"/> I want to set a good example for my kids <input type="checkbox"/> I have the desire to get ahead in life <input type="checkbox"/> I never get the jobs I go after <input type="checkbox"/> I have a strong work ethic <input type="checkbox"/> You can do anything you put your mind too <input type="checkbox"/> I have had too many negative experiences when working <input type="checkbox"/> I think anything is possible <input type="checkbox"/> Your own statement:	

EDUCATION	HIGEST LEVEL	NAME OF SCHOOL	YEAR (s)
Jr. High School	<input type="radio"/> Grade 8 and Under <input type="radio"/> Grade 9		
High School	<input type="radio"/> Grade 10 <input type="radio"/> Grade 11 <input type="radio"/> Grade 12		
College	<input type="radio"/> Certificate <input type="radio"/> Diploma		
Vocational/Trades	<input type="radio"/> Certificate <input type="radio"/> Diploma		
University	<input type="radio"/> Certificate <input type="radio"/> Bachelor's Degree <input type="radio"/> Master's Degree		
Other			

	OTHER INFORMATION	YES	NO
1	Are you interested in pursuing further education?		
2	Have you ever quit or lost a job because you didn't have adequate transportation?		
3	Do you have any outstanding criminal charges before the courts that could interfere with your attendance?		
4	Do you have a no contact order in place? (is there anyone you can't be in program with?) If yes, please provide the name of the person: _____		
5	Do you have any unpaid tickets or fines?		
6	Do you need help to access Legal advice?		
7	Do you need help to access Income Support?		

Please indicate which services you are currently **most in need of**

- Get Bank Account
- Get Photo ID
- Financial Aide (Income support)
- Transportation and/or Childcare
- Employment Training/Upgrading
- Addictions & Mental Health Supports
- Life Skills classes
- Job Specific Training (Tickets)
- Job Referrals
- Work Experience Placements

Dear Applicant,

We've encountered a recurring challenge: individuals enrolling in our training programs—such as, Pipefitting, or Carpentry—only to withdraw midway or not attend at all. These situations result in unrecoverable costs and limit our ability to offer opportunities to others who are eager to learn and grow.

To ensure the long-term sustainability of our programs and to better serve committed participants, we're introducing a constructive new approach:

 **Full Coverage for Committed Participants**

Those who enroll and successfully complete their training will have their costs fully covered. This initiative rewards dedication and encourages learners to fully engage in their journey.

 **Shared Responsibility for Incomplete Participation**

Participants who do not complete their training will be asked to contribute a portion of the costs incurred. This step reinforces the value of the training and promotes accountability.

 **Commitment Before Re-enrollment**

Before enrolling in additional programs, participants will be encouraged to settle any outstanding obligations. This ensures fair access to resources and supports a culture of personal responsibility.

Together, we can build a more successful, equitable, and rewarding training environment—one that empowers individuals and strengthens our community.

I, \_\_\_\_\_ understand and commit to the conditions of being accepted into one of the training programs.

**Participants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE**

Accepted Into Program:  YES  NO

Name of Program: \_\_\_\_\_ (Good Workers/ CERC/ PROUD)

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

Referred to Other Program:  YES  NO

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

Reason for Referral: \_\_\_\_\_

Commitment to attend signed by participant:  Yes  No