

PARTICIPANT INFORMATION FORM

File #: P040118-14

Program Officer: Jean Nelson

COMPLETE HIGHLIGHTED INFORMATION ONLY

Funded Service TESTS Projects AYIP
 Course Purchase Work Supplies Mobility Wage Subsidy Trades Supplementary

Non-Funded Service
 Employment Counseling Résumé Writing Job Search Labour Market Research Referral
 Self-Employment Services

First Name / Given Name		Middle Initial	Last Name / Surname		
Mailing Address		Town / City		Province BC	Postal Code
Home Phone Number	Cell Phone Number		Date of Birth:	Month	Day Year
E - Mail Address			Social Insurance Number (SIN) (mandatory)		

Gender	Marital Status	Dependents	Driver's License	Employed	Income	Highest Education
Male <input type="checkbox"/>	Single <input type="checkbox"/>	Yes <input type="checkbox"/> # _____	Yes <input type="checkbox"/> Class: _____	Yes <input type="checkbox"/>	Employment Insurance <input type="checkbox"/> IF ON EI NOTIFY TCG IMMEDIATELY	Level Achieved
Female <input type="checkbox"/>	Married <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Income Assistance <input type="checkbox"/> No Income <input type="checkbox"/> Other: _____	

Aboriginal Ancestry First Nation Nisga'a Inuit
 Status Non-Status On-Reserve Off-Reserve Registry #: _____ Band: _____

Name of Program / Course: Firefighter Training/Wildfire Medic Training
 Name of Training Institution: Tahltan Central Government/Irwin Industrial Safety
 Certificate / Diploma / Degree Obtained: Firefighter Training/Wildfire Medic Training
 Start Date: March 26, 2019 End Date: April 10, 2019

BUDGET			OFFICE USE ONLY			
Course Costs	Request	Approved	EI ACTIVE	REACHBACK (RB)	CRF	YOUTH <input type="checkbox"/> CRF <input type="checkbox"/> RB
FIREFIGHTER COURSES:			Date Received:			
OFA Level 1			EI authorization required:			
Transportation Endorsement			Enroute authorization required:			
WHMIS			EI Benefit Period:			
Transportation of Dangerous Goods			Date:			
Wildlife Awareness						
Defensive Driving						
Incident Command 100						
S100/S185						
S212/S232						
S212/S232						
Basic Chainsaw						
WILDFIRE MEDIC TRAINING:						
OFA Level 3						

PARTICIPANT INFORMATION FORM

Transportation of Dangerous Goods		
WHMIS		
S100/S185		
Incident Command 100		
TOTAL COSTS		

OFFICE USE ONLY - RECOMMENDATION

Referral Approved Cost Share Not Approved Withdrawn Conditional Approval

CLIENT DECLARATION: I am aware legal action may be taken against me for making false statements or failing to inform TESTS of changes to the information affecting my entitlement to allowances and/or Employment Insurance benefits. I am aware that I may be disqualified from receiving benefits should I voluntarily exit the course, or not attend on a regular basis. If and when the option to appeal is being exercised, the written appeal is to be forwarded to TESTS's Executive Director (Attention: Appeal Committee). Decisions made by the Appeal Committee are final and binding. I hereby declare that I acknowledge the terms and conditions set out in this contract and agree that in the event that I choose not to adhere to one or more of the following, I may be exempted from future funding:

1. I am responsible to reimburse TESTS for training costs/ allowances, on a per diem basis, should I voluntarily or involuntarily exit the course, or not attend on a regular basis.
2. I will provide receipts to TESTS for pre-approved program related purchases.
3. I am responsible for any costs incurred in excess of the agreed upon amount.
4. I am responsible to provide TESTS with a written evaluation of the program upon completion.
5. I will save TESTS harmless from and against all claims, losses, damages, costs and expenses related to any injury or death of a person, or loss or damage to property caused or alleged to be caused by this initiative and that all necessary liability and life insurance shall be maintained by me for the duration of this activity.
6. I am responsible to provide interim/final reports as requested by TESTS.
7. I authorize TESTS to access my records if I fail to provide the interim/final reports as required.
8. I agree that information, related to this initiative, may be shared amongst participating Provincial Ministries, Federal Departments, TESTS, and Public/Private Training Institutions, organizations identified as being a partner to the training initiative/application of the client.
9. I agree to allow TESTS to use my likeness or image in the development and distribution of any TESTS promotional materials.
10. I will report to TESTS, as soon as possible, if there are changes to this information.

CLIENT SIGNATURE: I certify that the information is true, correct and complete in every respect and I understand it may be subject to verification by TESTS or its representatives.

Date

AUTHORIZED SIGNATURE: Action Plan is authorized. Terms and Conditions and any other requirements, where applicable, have been met.

Date

TAHLTAN

Central Government

WILDFIRE TRAINING COURSES APPLICATION

FIRST NAME: _____ **MIDDLE INITIAL:** _____ **LAST NAME:** _____

PO Box or No & St. _____ Cell Phone: _____
City or Town _____ Email: _____
Postal Code _____ Facebook Name: _____
Home Phone: _____

Are you Aboriginal? Yes _____ No _____, if Yes please complete the following:
Status _____ Status # _____ Non-Status _____ Name of Band _____

Are you currently Employed? Yes _____ No _____
Are you currently on EI? Yes _____ No _____ Application in progress _____
Are you currently on Social Assistance? Yes _____ No _____ Application in progress _____

* IF YOU ARE ON EI OR HAVE AN EI APPLICATION IN PROCESS NOTIFY COURSE ADMINISTRATOR IMMEDIATELY

If you live outside of Dease Lake do you need accommodation? Yes _____ No _____
If you live outside of Dease Lake and you will be staying with friends or family please
provide accommodation information:

Accommodation Contact Name: _____
Accommodation Phone: _____

Are you being sponsored by an employer? Yes _____ No _____
My employer or potential employer is sponsoring me with:
wages _____ training allowance _____ travel/accommodation: _____ course costs _____
Employer Name: _____
Employer contact name: _____
Employer contact phone: _____
Employer contact email: _____

Have you been referred by Chief & Council? Yes _____ No _____
Chief or Council contact name: _____
Chief or Council contact phone: _____
Chief or Council contact email: _____

Do you have a valid driver's license? Yes _____ Class _____ No _____
Do you have transportation? Yes _____ No _____

DO YOU HAVE ANY TICKETS NOW?

Transportation of Dangerous Goods Yes _____ Exp. Date _____ No _____



TAHLTAN

Central Government

OFA Level I	Yes _____	Exp. Date _____	No _____
OFA Level I Transportation Endorsement	Yes _____	Exp. Date _____	No _____
WHMIS	Yes _____	Exp. Date _____	No _____
Transportation of Dangerous Goods	Yes _____	Exp. Date _____	No _____
Wildlife Awareness	Yes _____	Exp. Date _____	No _____
Defensive Driving	Yes _____	Exp. Date _____	No _____
Incident Command 100	Yes _____	Exp. Date _____	No _____
S100/S185	Yes _____	Exp. Date _____	No _____
S212/S232	Yes _____	Exp. Date _____	No _____
Industrial Fire Extinguisher	Yes _____	Exp. Date _____	No _____
Ground Disturbance	Yes _____	Exp. Date _____	No _____
Chainsaw Safety	Yes _____	Exp. Date _____	No _____
Chainsaw Safety & Bucking Cert.	Yes _____	Exp. Date _____	No _____
OFA Level III	Yes _____	Exp. Date _____	No _____

I WOULD LIKE TO SIGN UP FOR THE FOLLOWING COURSES:

- | | |
|---|--|
| <input type="checkbox"/> Firefighter Training | <input type="checkbox"/> Wildfire Medic Training |
| OFA Level 1 | OFA Level 3 |
| Transportation Endorsement | Transportation of Dangerous Goods |
| WHMIS | WHMIS |
| Transportation of Dangerous Goods | S100/S185 |
| Wildlife Awareness | Incident Command 100 |
| Defensive Driving | *REQUIRES ABILITY TO READ LABELS |
| Incident Command 100 | |
| S100/S185 | |
| S212/S232 | |
| Basic Chainsaw | |

*REQUIRES ABILITY TO READ LABELS, MINIMUM CLASS 7N DRIVERS LICENSE & EXPERIENCE OPERATING A CHAINSAW

By signing this document, I agree to:

- I will maintain contact with course administrators to fully complete application form, confirm employment sponsorship or Chief & Council referral (if applicable)
- I agree to share employment information with course administrators and respond promptly to employment information requests from course administrators after the Wildfire Training

Name

Signature

Date signed

Please fax this form, the Tricorp Participant Information Form, a current resume, a copy of your status card or confirmation of TCG membership, and a drivers abstract (if you are in Firefighting Training) to (250) 771-3020, or scan and email educationdirector@tahltan.org.



RESUME PLAN SHEET

TRICORP (TESTS)

Name:

Address:

City:

Prov:

Postal Code:

Phone: ()

Cell: ()

Email:

Objective:

To obtain employment in the area of: _____, or

To obtain employment in the _____ industry.

I prefer full-time part-time employment.

I am willing to work shifts afternoons evenings weekends.

Skills:

List specific skills obtained through past employment such as communication skills, people skills, organizational skills, hands-on skills, etc.

Accomplishments:

List any awards, certificates, trade tickets, scholarships, special events in your life (work or volunteer)

Work History:

Please list the most recent jobs first. If there is not enough space please attach an extra piece of paper.

Dates	Employer
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Job Title	Location
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Responsibilities/Duties:

Dates	Employer
-------	----------

Job Title	Location
-----------	----------

Responsibilities/Duties:

Dates	Employer
-------	----------

Job Title	Location
-----------	----------

Responsibilities/Duties:

Dates	Employer
-------	----------

Job Title	Location
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Responsibilities/Duties:

Education/Training:

Please list the most recent education or training first. Attach a list if needed.

Dates	School
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Program	Location
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Course Details: _____

Certificate(s) obtained: _____

Dates	School
-------	--------

Program	Location
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Course Details: _____

Certificate(s) obtained: _____

Volunteer Work:

Please list most recent volunteer work first.

Dates	Organization
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Job Title	Location
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Responsibilities/Duties: _____

Dates	Organization
-------	--------------

Job Title	Location
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Responsibilities/Duties: _____

Personal:

Interests: _____

Memberships: _____

References:

Please list the names of three persons not related to you (employment references are best).

Name	Company Name
Job Title	Location
Phone	

Name	Company Name
Job Title	Location
Phone	

Name	Company Name
Job Title	Location
Phone	

Please choose 5 words which you believe best describes you.

1) _____ 2) _____
3) _____ 4) _____
5) _____