



MAIN OFFICE:
P.O. Box 609
Peguis, MB R0C 3J0
Phone: 204-645-3405
Fax: 204-645-2198

SUB-OFFICE:
204 – 1075 Portage Ave.
Winnipeg, MB R3G 0R8
Phone: 204-784-5595
Fax: 204-784-5594

INTAKE FORM complete all fields in each section of pages 1-2, proceed to relevant section applying for.

A. CLIENT INFORMATION:

Surname (Last Name): _____ First Name and Initial: _____

Social Insurance Number: _____ Email: _____

Mail Address: _____ City/Town: _____ Postal Code: _____

Home/Cell Number: _____ Emergency Contact & Number: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Age: ____ Gender: Female Male Non-Binary

Language Preference: English Other (specify): _____

Indigenous Group: Registered On-Reserve Registered Off-Reserve Non-Status

Treaty Number (10 digits): 269 Band Name and Province: _____

Marital Status: Single Single-Parent Divorced Widowed Separated Married or Equivalent

Dependents: Yes No Number of dependents: ____ Age(s) of Dependents: _____

Do you have Child Care: Yes No If yes, name of Day Care / Care giver: _____

Do you require Child Care: Yes No

If yes, select Child Care need (check one): A Day Care Spot Provincial Funding Subsidized Funding

Current Status: Employed Unemployed Student

Monthly Income: Employment \$ _____ Employment Insurance (EI) \$ _____

(fill all that apply) Employment Income Assistance (welfare) \$ _____ Other \$ _____

Funding Source: Previously been sponsored by PFNTE in the past? Yes No

If yes, which program? _____ Start Date: _____ End Date: _____

Are you currently receiving Employment & Income Assistance (EIA) benefits. Yes No

If yes, EIA worker name: _____ EIA Office Location: _____

Are you currently receiving Employment Insurance (EI) or have you recently applied? Yes No

Have you received EI benefits within the last five years? (Regular, Maternity/Paternity) Yes No

Health Status: Any health concerns we should be aware of? Yes No If yes, please elaborate: _____

Do you consider yourself to be a person with a disability? Yes No If yes, please elaborate: _____

Do you require special equipment? Yes No If yes, please elaborate: _____

B. EDUCATION & SKILLS

Secondary (K-12) education level completed: Grade: _____ Year: _____ Diploma GED
 Name of Institution: _____ Location: _____
 Registered as a student in previous academic year: Yes No Funded by: _____
 Post-Secondary level: Certificate Diploma Bachelor's Degree Master's Degree Doctorate Degree
 Program of Study: _____ Location: _____ Program Length: _____
 Currently attending Post Secondary: Name of Institution: _____
 Program of Study: _____ Start date: _____ Expected end date: _____

Certificates / Tickets / Skills: (check all that you currently have, and the date received):

- WHMIS Date: _____ Chainsaw Safety Date: _____
- WHMIS/GHS Date: _____ Confined Spaces Date: _____
- First Aid/CPR Date: _____ Flag Person Date: _____
- Safe Food Handlers Date: _____ Working from Heights Date: _____
- (TDG) Transportation of Dangerous Goods Date: _____ Other _____ Date: _____

Certified Tradesperson: Trade: _____ Level: _____ Year Completed _____
 Apprentice? Yes No Do you own or have access to a vehicle? Yes No

Eligibility Requirements: (provide a copy with intake form or receipts)

- Cover letter & Resume Adult Abuse Registry Date: _____
- Criminal Record Date: _____ Driver's License? Yes No If yes, Class: _____
- Child Abuse Registry Date: _____ Air Brake Endorsed: Yes No

Computer Skills: (Choose each you have experience using and circle the level you feel you have):

- Internet: Beginner Moderate Expert PowerPoint: Beginner Moderate Expert
- Email: Beginner Moderate Expert Word: Beginner Moderate Expert
- Excel: Beginner Moderate Expert

C. EMPLOYMENT HISTORY

	Most Recent Employer	2 nd Most Recent
COMPANY NAME		
JOB TITLE		
CITY/PROVINCE		
TYPE OF EMPLOYMENT (Circle all that apply)	Full-Time Part-Time Casual Term Seasonal F/T Seasonal P/T Self Employed F/T Self Employed P/T Self Employed Seasonal F/T Self Employed Seasonal P/T	Full-Time Part-Time Casual Term Seasonal F/T Seasonal P/T Self Employed F/T Self Employed P/T Self Employed Seasonal F/T Self Employed Seasonal P/T
Start & End DATE (mm/dd/yyyy)		
REASON FOR LEAVING	Completed Laid Off Quit with just cause Quit without just cause Quit to take another position Fired for acceptable reasons Fired for unacceptable reasons	Completed Laid Off Quit with just cause Quit without just cause Quit to take another position Fired for acceptable reasons Fired for unacceptable reasons

D. What challenges are currently in your path to get into training or applying for a job?

Please check all that apply.

<input type="radio"/> No barriers	<input type="radio"/> Lack of Education or Skills
<input type="radio"/> Lack of labour force attachment	<input type="radio"/> Economic (Financial constraints)
<input type="radio"/> Limited Work Experience	<input type="radio"/> Child Care or Caregiving Responsibilities
<input type="radio"/> Lack of Transportation	<input type="radio"/> Lack of Marketable skills
<input type="radio"/> Remoteness	<input type="radio"/> Physical, emotional, or mental health
<input type="radio"/> Language	<input type="radio"/> Lack of Technology Skills
<input type="radio"/> Legal Status	<input type="radio"/> Low Confidence or Self-Esteem

E. SERVICE REQUESTED: All services require 2 pieces of Identification (Photo + other) on file.

- | | |
|--|--|
| JOB SEARCH ASSISTANCE | <input type="radio"/> <i>If checked, please proceed to Section F</i> |
| EMPLOYMENT ASSISTANCE | <input type="radio"/> <i>If checked, please proceed to Section G</i> |
| SPONSORSHIP & TRAINING ASSISTANCE | <input type="radio"/> <i>If checked, please proceed to Section H</i> |

F. JOB SEARCH ASSISTANCE

How long have you been unemployed? _____ How long have you been actively job searching?

Note: A cover letter and up to date resume is required. (Grade 10 and up)

- Youth Worker Experience Program (YWEP)**
- Work & Wellness Program (WWP)**
- Other:** _____
- Peguis Summer Youth Worker Experience Program (PSYWEP)**
 - Coordinator Position** **Assistant Coordinator Position** **Supervisor Position**
 - Student positions:** Choice: Phase 1 (early July) Phase 2 (end July) Phase 3 (early August)
 - Grade Completed this year: _____ Returning to school in the Fall: Yes No
 - Grade 12: must include an up-to-date current Resume and Cover Letter
 - If Grade 9/first time in Program: must include **Young Worker Readiness Certificate Course**
 - Do you have any scheduled events/appointments that will affect your attendance during your employment?
Yes No If yes, please explain: _____

How did you find out about this employment opportunity?

- Internet Radio In Office Word of Mouth Bulletin Board Other: _____

Proceed to page 6 to complete Sections I - K

G. EMPLOYMENT ASSISTANCE

Individuals who have secured new employment and need financial assistance to facilitate their transition into the workforce. **Applications must be submitted within 2 weeks of the employment start date along with a letter confirming new employment.**

- Reason for Request: Clothing/Uniform/Footwear Travel Other: _____
- Number of hours per week: _____ Is this employment: Full-Time Part-Time Seasonal Contract Casual
- Job Title: _____ Company Name: _____
- Supervisor: _____ Phone #'s: _____
- Start Date: _____ Location of Employment: _____
- Confirmation of Employment attached: Yes No

Proceed to page 6 to complete Sections I - K

H. SPONSORSHIP & TRAINING ASSISTANCE

Individuals seeking education or training programs lasting one year or less must complete all sections and attach the required documents listed below. Incomplete applications will not be considered. Applicants must initiate contact with our office **sixty (60) days before the program start date**. Please note that employed applicants are ineligible.

Required Documents include:

- Acceptance Letter from Institution with Start and End Dates
- Course Details from Institution (Tuition/Books/Supply Costs)
- Photocopy of all Transcripts
- IMPORTANT:** *If you are currently employed, please meet with our staff and your employer to establish a training plan before considering leaving or resigning from your current employment.*

Program/ Course applying for: _____

Institution applied to: _____ City & Province: _____

Start Date: _____ End Date: _____ Program Type: Full-Time Part-Time Online

Is there a Work Placement/Practicum in this training program? Yes No

Financials requesting: Tuition Books & Supplies Other materials Total Costs and Materials

Supports required: Allowance Travel Other _____

Why do you wish to take this program? _____

What are your short-term goals? _____

What are your long-term goals? _____

List two other institutions that offer this program:

1. _____ Cost: _____ Reason for not choosing: _____

2. _____ Cost: _____ Reason for not choosing: _____

Why do you feel you would be a suitable candidate for sponsorship & training assistance? _____

Have you approached other sources for funding? Yes No If yes, please explain: _____

Provide any other information you may wish to add that will assist in the assessment of your application for training assistance: _____

Career Plan / Expectations

1. What factors influenced your decision to pursue this career or vocational program? _____

2. How does this program of study align with your career goals? _____

3. What types of jobs will you qualify for upon completing this program? _____

4. Are there specific requirements for employment in this occupation? For example, a Class 5 Driver's License, Driver's Abstract, clear Criminal Record Check, Child/Adult Abuse Registry Check, or others. *Please note: PFNTE requires a copy of this confirmation for our records.* _____

5. Where do you intend to work after completing the program? Will you need to relocate for employment? _____

6. Please provide a list of five job postings you have found for the position you aim to secure with this new education/training. Include salary ranges, required skills, and the source where you found the postings. ***Include an attachment of this information.*** _____

7. What challenges or barriers do you anticipate facing in this program, and how do you plan to overcome them? _____

8. Please summarize your expectations and employment goals upon completion of this program, assuming your application is accepted. _____

Proceed and complete Sections I - K

I. CONSENT & RELEASE AGREEMENT

To participate in our sponsored programs and services under the ISET Agreement, clients must provide requested information and consent to the collection, disclosure, and use of their information as outlined in this notice.

To ensure informed decisions, we may contact other agencies for relevant facts or additional information, including but not limited to:

1. Service Canada (regarding EI Benefits status/history).
2. Employment Manitoba.
3. Employment & Income Assistance (Provincial/First Nation Social Assistance Agencies).
4. Worker Compensation Board or other disability insurance providers (regarding receipt of benefits).
5. Other Training & Employment agencies in cases where the client's origin differs from our area but resides within.
6. Other relevant agencies.
7. First Nation Membership Clerk/Band Administrator for verification of Indian Status and affiliation.
8. Potential employers for employment referrals.
9. Institutions for academic standing/progress (e.g., test results, attendance, transcripts).

If I successfully secure funding, I consent to my name being published in any reporting material for the purposes for which my personal information was requested and may be disclosed to authorized personnel.

I have read and fully understand this document. I consent to the collection, disclosure, and use of my personal information as described herein.

X _____
Print Name

_____-_____-_____
Social Insurance Number

X _____
Signature

Date

J. PHOTO RELEASE AGREEMENT

I, _____, hereby consent to be interviewed, photographed, and/or video recorded by Peguis First Nation Training & Employment (PFNTE). I understand and agree that PFNTE shall exclusively own all rights worldwide, in perpetuity, to any resulting story, photograph, and/or video recording for non-commercial use by PFNTE at any time, present or future, in various forms including print, video, and electronic media.

I also consent to the use and disclosure of elements of my personal information contained in any stories, photographs, and/or videos.

I acknowledge that my participation is voluntary and that I will not receive any compensation from PFNTE for the rights to use this material. Refusing to participate will not adversely affect any future dealings I may have with PFNTE.

I understand that this personal information has been requested by PFNTE for use with the public by PFNTE, in any public forum and in any form or by any means.

X _____
Signature

Date

K. DIRECT DEPOSIT AGREEMENT

I, _____, hereby authorize Peguis First Nation Training & Employment (PFNTE) to deposit funds into my personal bank account. I will promptly notify PFNTE of any changes regarding this authorization, and it shall remain valid until cancelled or modified in writing. Please send deposit confirmations to my personal email address provided below:

Personal Email Address: _____

**** Please attach a Void Cheque or Preauthorized Debit Form from your banking institution ****

X _____
Signature

Date