



## **Squamish Nation Training & Trades Centre (TTC)**

### **Intake Package**

**In order for your application to be complete, the following documentation is required:**

- Completed personal information form (PIF), ***including signed Applicant's Declaration & Authorization form & date;***
- Valid identification;
- Direct deposit form;
- Media release form;
- Completed trades specific assessment (completed on-site) if required.

**HOW DID YOU HEAR ABOUT THE TRAINING & TRADES CENTRE?**

- FACEBOOK
- TWITTER
- RADIO
- NEWSPAPER, PLEASE SPECIFY \_\_\_\_\_
- EMPLOYMENT CENTRE
- WORKBC
- COMMUNITY NEWSLETTER
- ELECTRONIC BILLBOARD
- OTHER, PLEASE SPEICFY \_\_\_\_\_

**TTC APPLICATION**

Personal Information Form (PIF)

Please complete all sections thoroughly. Complete and accurate information is required to determine eligibility

PERSONAL IDENTIFICATION				
Last Name:		First Name:		Middle Initial:
S.I.N. :            /            /		Birth Date: DD/            MM/            YY/		Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>
Mailing Address:		City:	Prov:	Postal Code:
On Reserve <input type="checkbox"/>	Cell/Home #:	Email:		
Off Reserve <input type="checkbox"/>				
Indigenous status: Status <input type="checkbox"/>		Non-Status <input type="checkbox"/>	Inuit <input type="checkbox"/>	Metis <input type="checkbox"/>
Band Name:		Band Registry Number:		
Marital Status: Married / Common Law <input type="checkbox"/>				# of dependents living with you: _____
Single <input type="checkbox"/>		Other <input type="checkbox"/>		
Do you require childcare? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is your current source of childcare?			
Do you identify as having a physical or mental disability that affects your ability to perform daily tasks? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, how does your disability restrict your performance of daily tasks? Please Explain:				
Have you ever been or are you a Youth in Care with the Ministry of Children & Family Development? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you a Canadian citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Language Spoken? English <input type="checkbox"/> French <input type="checkbox"/> Other: _____		Do you have a Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Have you applied for or are you currently in receipt of Employment Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had an Employment Insurance Claim within the past three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had a Parental or Maternity leave claim in the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your current source of income?		
Social Assistance <input type="checkbox"/> Student Loans <input type="checkbox"/> Full-time Work <input type="checkbox"/> Part-time Work <input type="checkbox"/> Other <input type="checkbox"/>		
If other, please explain:		

**EDUCATION AND TRAINING**

Highest Grade completed: \_\_\_\_\_ Year Completed: \_\_\_\_\_ Province/Country: \_\_\_\_\_

Please list all degrees, trade levels, licenses, diplomas, certificates or work tickets obtained:

List all adult basic education, post-secondary training and or courses that you have attended

Institute/Organization	Location	Year	Course	Certificate, Diploma, Degree, Tickets	Completed?

Please list any programs you have previously participated in at the TTC and the outcome or results:

Year	Program	Completed?	Outcome/Result

<b>EMPLOYMENT HISTORY</b>						
Are you currently employed?                      Yes <input type="checkbox"/> No <input type="checkbox"/>						
List your last three jobs starting with the most recent.						
Job Title	FT/PT	Company Name	Start Date dd/mm/yyyy	End Date dd/mm/yyyy	Salary	Reason for Leaving
Describe what you have done to find work:						

All information provided in this form will be considered as supplied in confidence. Under certain circumstances, some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact the Training & Trades Centre at 604-980-7946, Unit 3-1500 Railway Street, North Vancouver BC V7J 1B5.

\_\_\_\_\_  
 Applicants Signature

\_\_\_\_\_  
 Date

### **Applicant's Declaration & Authorization**

I declare that the foregoing information provided to TTC is, to my knowledge, true and complete and that it is subject to verification by TTC and its representatives. I authorize access to release application information with involved organizations, training institutions, and government agencies. I acknowledge that in the event that I do not comply with any of the following requirements that I may be denied acceptance into future programs at the TTC.

Please check all if you agree to the below:

- If I quit or am removed from a program without an acceptable reason, I may not be eligible to participate in further TTC programs for up to 3 years and review process has been completed;
- I agree to provide TTC with any follow-up requests after completion of my training;
- I agree to provide a personal written evaluation of my training upon completion;
- I agree to immediately report any changes of residence, telephone or other contact information to TTC;
- I understand that I am subject to legal action in the event that I make false statements or neglect to provide TTC with any information that materially affects my entitlement to training or my ability to benefit from my employment insurance;
- I agree not to hold TTC, its employees, volunteers, agents and heirs, harm from and against all claims, losses, damages, cost and expenses related to any injury or death of a person or a loss or damage to property caused in relation to this training program;
- I affirm that all necessary liability and life insurance will be maintained by me for the duration of the period of my training if and when required;

This authorization remains in effect for the duration of my attendance in the program at TTC.

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Applicants Signature

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Date