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CLIENT INFORMATION FORM - AHRDC

First Nation:	Status Number:
Social Insurance Number:	Date of Birth:
Surname:	Given Name : Initial:
Address:	Town/City:
Postal Code:	Phone Number:
Is this a permanent address? Yes No	Message Number:

Highest Level of Education:

		Year	Name	Program
	Secondary or Equivalent			
	College			
	University			
	Other			

Please check off which applies to you:

	Disabled		Not Disabled		Male		Female
	Married		Common-law		Single		No Dependents
	Dependents		How Many	Name:		Ages:	
	Status on Settlement Land		Status off Settlement Land		Metis		Inuit
	Non-Status		Other				

Current Source of Income:

	Employed Full-Time		Employed Part-Time		Self Employed		No Income
	First Nation Income Assistant		YTG Income Assistant		FED Income Assistant		Provincial Income Assistant
	Employment Insurance Benefits		Workers Compensation		Pension		Other:
If on EI, what is your claim Period?				If on EI, What is your Benefit rate per week?			
Have you had an EI Claim in the past 3-5 years?			Yes or No	Or on Maternity/Paternal Claim in the past 5 years?			Yes or No

Information about training or Course:

Name of Program and/or Course Training:	Location of Training:
Training Start Date:	Training End Date:

TRAINEE DECLARATION: I certify that the above information is true, correct and complete in every respect and I understand I may be subject to verification by the First Nation of Na-Cho Nyak Dun (NND) or its representatives. I will report to NND as soon as possible, if there are changes in the information. I am aware that legal action can be taken against me for making false statements or failing to inform NND 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 voluntary or involuntarily exit the course, or not attend on a regular basis. I hereby declare that I acknowledge the terms and conditions set out in this agreement and understand 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 NND for training costs or allowances, on a per diem basis, should I voluntary or involuntarily exit the course, or not attend on a regular basis.
2. I will provide receipts to NND for pre-approved training related purchases.
3. I am responsible for any costs incurred in excess of the agreed upon amount.
4. I am responsible to provide NND with a written evaluation of the training upon completion.
5. I will save NND harmless from and against all claims, losses, damages, sots and expenses related to any injury or death of a person or loss or damages to property caused or alleged to be caused by this training initiative and that all necessary liability and life insurance shall be maintained by me for the duration of this activity.

TRAINEE WAIVER: I agree and authorize that information related to this training may be shared amongst participated in Provincial Ministries, Federal Department and Public/Private Training Institutions.

APPEAL: When the option to appeal is being exercised, the written appeal is to be forward to NND Education Director (attention: APPEALS). Decisions made by the Appeal Committee are final and binding.

Applicant Signature: Date:

TRAINING IS AUTHORIZED: The Employment Insurance Act and Regulations, Program Terms and Conditions and any other Program requirements, where applicable, has been met.

Signature of Authorizing Officer (NND): Date: