



Indigenous Skills and Employment Training (ISET) Program

Client Application

Collection of Personal Information - The information collected in this application is required to determine the applicant's eligibility for assistance under the Indigenous Skills and Employment Training (ISET) Program and will be provided to Canada for the purposes of determining eligibility, uploading of data to Canada's data system, and evaluation and assessment of the ISET funding program. Information collected will not be disclosed to any person or body for a purpose other than that for which it was provided.

Applicant information					
Family name		Given name(s)			
Address (street number, street name, unit number)		Province	Date of birth (dd/mm/yyyy)		
City		Postal code	Social Insurance Number		
Telephone Home: Cell: Email:	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary / 2 Spirit	Marital Status Number of dependents		
Aboriginal group <input type="checkbox"/> Non-status Indian <input type="checkbox"/> Status Indian (First Nations) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit Name of Band or Reserve _____ Do you live on reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No		Highest education level attained <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> Highschool Grade <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Graduated </td> <td style="width: 50%; border: none; vertical-align: top;"> College OR University Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master's </td> </tr> </table>		Highschool Grade <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Graduated	College OR University Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master's
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Please indicate disabilities that may affect your skills training: <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Addiction		Please indicate any other barriers: <i>Transportation, single parent, legal issues, language, etc.</i> _____ _____ _____			

