



Northeast Alberta Apprenticeship Initiative

NEAAI CHECKLIST FOR CLIENT

NEAAI Office~Cold Lake ❖ NEAAI Office~Bonnyville ❖ NEAAI Office~Lac La Biche

Client Name: _____
(Please Print)

Trade: _____ AIT# _____
(Please Print)

Address: _____

Telephone: _____
Cell number: _____
Email: _____

Mandatory Requirements:
(Please ensure that boxes are checked off)

Aboriginal	Non-aboriginal	Notes:
If client is Aboriginal, name of Community _____		
Resume ___ Yes ___ No		
Cover letter and trade goals clearly identified		
Copy of valid Safety Tickets		
Need to get Safety Tickets		
Need: _____		
Education requirements met for specific trade		
High school transcripts, or GED		
Date of cancellation of online AIT application		
Transportation: ___ Learner's: ___ Driver's		
Transportation available: ___ Yes ___ No		
Copy of Indian Status and or Metis card (if applicable)		
Ready, willing and able to work (Necessary arrangements in order to enable client to work as an apprentice)		

	NEAAI Consent for Release of Information
	NEAAI Permission to use Photograph
	Identified Barriers

Any relevant letters:
Additional Notes:

Inform the client that employers may require:

- Drug testing***
- Criminal record check***
- Valid driver’s license (NOTE: Some trades require a current valid driver’s license)***
- Drivers abstract***
- Personal Protective Equipment***
- Government Photo ID***



Northeast Alberta Apprenticeship Initiative

PERSONAL INFORMATION (please print)

Name: _____
First Middle Surname

(Mail)
Address: _____
Box/Street Town/City Postal Code

Telephone Number: _____ Contact/Cell Number _____

Other Contact Numbers: _____ E-mail address: _____

Date of Birth: ____/____/____ Social Insurance Number: ____/____/____
Month -Day-Year

Gender: Male: ____ Female: ____

Are you interested in apprenticeship/industry training? Yes__ No__
(Example: Plumber/Millwright/Electrician/Welder/HeavyDutyMechanic/Hairstylist/Baker)

ONLY Status/Treaty/Metis to complete:

First Nation/Settlement _____ Province: _____

Residence: On Reserve: ____ Off Reserve: ____ Treaty Number: _____

Do you have a VALID driver's license? Yes: ____ No: ____

If yes, indicate: Class: ____ Province: ____ Expires: _____

(If no valid driver's license please list why):

Do you own a vehicle? Yes: ____ No: ____

If not, do you have access to reliable transportation: Yes: ____ No: ____

Marital Status: Single __ Married or Equivalent __ Divorced __ Separated __
Widowed __

Number of Dependent children living with you in same household: _____

List the names of the dependent children:

Name	Date of Birth	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment Details: Present or Latest Employment

Employer: _____

Job Title: _____ Rate of Pay \$ _____ /Hour or \$ _____ Month

Start Date: ____/____/____ End Date: ____/____/____ Hours Worked _____ week

Employment Insurance Information:

Currently have an Employment Insurance (EI) claim established? Yes ___ No ___

Recently applied or plan to apply for EI benefits? Yes ___ No ___

Received EI benefits in the last 3 years? Yes ___ No ___

Received maternity or parental benefits in the last 5 years? Yes ___ No ___

Current Source of Income:

Are you receiving Social Assistance Benefits: Yes: ___ No: ___ \$ _____

Federal (Band) ___ Provincial (SFI) _____

Social Worker's Name: _____

Telephone Number: (780) _____

Education Program Attended:

Program/Course Name: _____

Program/Course Provider: _____

Start Date: ____/____/____ End Date: ____/____/____

Type: Distance ____ E-Learning ____ Full Time ____ Part Time ____

Status: Complete ____ Incomplete ____

Highest-grade level competed (excluding G.E.D.)

Grade: ____ Year completed: ____ Province: ____

Are you a registered Apprentice ____ Yes ____ No

Do you consider yourself a disabled person? Yes: ____ No: ____

If yes, please specify what type of disability: _____

Do you have a disability or other Condition that may affect your ability to become employed? Yes: ____ No: ____ if yes, please specify,

Do you require any supports (Tutoring, Assessment, Special Accommodations such as a reader, quiet room, etc.) while attending technical training or testing?

Yes ____ No ____ If yes, please specify _____

Employment Search:

What type of work are you looking for?

1. _____ 2. _____

Full time: ____

Part time: ____

Seasonal: ____

When are you available to work? _____

How far are you willing to travel to go to work/camp job _____

REFERRED TO:

Walk with Us Program Worker _____ Name



Northeast Alberta Apprenticeship Initiative

CONSENT FOR RELEASE OF INFORMATION

I declare that:

- The information given on this application and other applicable forms are true and I understand is subject to audit.

I consent to:

- I, _____(client) hereby grant permission to Northeast Alberta Apprenticeship Initiative, to release or receive information verbally or in writing, to any federal or provincial government department, any First Nations programs or Departments, Housing authorities, educational institutions, landlord, lending institutions or employer, to verify any information I provided to Northeast Alberta Apprenticeship Initiative.
- The disclosure of my personal information between Northeast Alberta Apprenticeship Initiative staff for use in reports, research, statistical analysis, or program evaluations.
- The disclosure and exchange of my personal information between Northeast Alberta Apprenticeship Initiative, *Alberta Apprenticeship and Industry Training, and Advanced Education and Career Development.
- I hereby authorize Aboriginal Affairs and Northern Development Canada to provide Tribal Chiefs and Employment Services Association with confirmation of my Indian Status.
- I hereby authorize Human Resources Development Canada (HRDC) to release information about the status and benefit rate of my Employment Insurance/Unemployment Insurance claim to the organization/person identified below to determine my eligibility to participate in an intervention through an Employment Benefit/Support Measure and/or for income support. This authorization will remain in effect unless I give written instruction HRDC to cancel the authorization
- This consent form is to be effective for the duration of the client's enrollment and may be withdrawn, by written notice, from the client at any time.

x _____
SIGNATURE OF CLAIMANT

DATE MONTH YEAR

x _____
SIGNATURE OF WITNESS

DATE MONTH YEAR



CONSENT FOR RELEASE OF INFORMATION

(Permission to Use Photograph)

Name: _____ Purpose of activity/subject: _____

I grant to Northeast Alberta Apprenticeship Initiative, its representatives and employees the right to use my photograph and my property in connection with the above-identified subject. I authorize NEAAI, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that NEAAI may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature: _____

Date: _____