



**PRINCE ALBERT GRAND COUNCIL URBAN SERVICES**  
1211 1<sup>st</sup> Avenue West  
Chief Joseph Custer Res. #201  
Box 2350 Prince Albert, SK S6V 6Z1  
Phone: (306) 765-5300 ~ Fax: (306) 922-5544

## CLIENT CHECK LIST FOR

### **EMPLOYMENT ASSISTED SERVICE CLIENTS**

- **Job Placement Assistance** (ex: basic tools, coveralls, boots, work attire, criminal record, driver's abstract)
- **Interview Assistance** (ex: return travel to interview out of town only)
- **Transitional Assistance** (ex: travel, meals until first pay day, damage deposit)
- **Pre-employment Preparation** (ex: drug testing, travel to drug testing, safety tickets, driver's license)

#### **IMPORTANT:**

Please ensure you have enclosed the following information. **Incomplete applications will not be processed (not approved) and will remain incomplete** until all required documentation listed below is submitted.

- Employment Verification or Letter of Offer** (Official letter or email needs to be on business letterhead or must contain the business stamp)
- Copy of Treaty Card**
- Proof of Urban Residency** (Copy of latest valid utility bill). If you do not have any utilities in your name, have the person you are living with write a short letter stating that you are residing with them and include a copy of their bill.
- Letter of Intent**
- Recent Resume**
- Signed SITAG-Consent to Disclose Personal Information Form**
- Signed SITAG Client Contract**
- PAGC Urban Services Client Registration Form-Part 1**

#### **RECEPTION ONLY:**

Once all the documentation has been submitted, transfer this document to the EAS Case Worker and include all the above with a print out of the client's Activity Registrations from TAS.

OR check off  This client has no previous registrations

- Recent Resume including copies of current Safety Tickets**
- Letter of Intent in a letter or email-** What are your career goals? (short-term/long-term) Why did you apply into this program? What are some hazards associated with the occupation? Why should you be funded? What will motivate you to be successful? (strengths, qualities, skills) What do you have planned to address your personal barriers to training? (ex: lack of childcare, transportation to/from training, housing, legal issues) What is/are your next step(s) once you complete training?
- Career Research Forms (3)**
- Signed SITAG-Consent to Disclose Personal Information Form**
- Signed SITAG Client Contract**
- PAGC Urban Services Client Registration Form-Part 1**

**\*\*Other documentation may be required in unique circumstances and will be addressed by your assigned case worker.**

**RECEPTION ONLY:**

Once all the documentation has been submitted, transfer this document to the EAS Case Worker and include all the above with a print out of the client's Activity Registrations from TAS.

OR check off  This client has no previous registrations

**Client Registration Form**  
(Part 1-completed by the client)  
CONFIDENTIAL & PROTECTED WHEN COMPLETED

**Personal Information**

SIN: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name or Initial: \_\_\_\_\_

Birthdate (month/day/year): \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Cell #: \_\_\_\_\_  No Phone

Email that you check regularly: \_\_\_\_\_

\*\*professional email addresses only

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: SK Postal Code: \_\_\_\_\_

**Aboriginal Group-select one option:**

Registered Indian     Non-Status Indian     Métis\*\*     Inuit  
First Nation: \_\_\_\_\_ Status Number: \_\_\_\_\_

**Marital Status-select one option:**

Common Law     Divorced     Married     Separated  
 Single     Single parent     Widowed

**Language-select one option:**

Aboriginal Only     English Only     French Only     Aboriginal, French  
 English     Aboriginal & English     Aboriginal & French     English  
& French

Gender:     Male     Female    Check if you have a Disability

**Highest level of education-select one option: Province Obtained In:**

<input type="checkbox"/> No Formal Education	<input type="checkbox"/> Grade 7 – 8
<input type="checkbox"/> Grade 9 – 10	<input type="checkbox"/> Grade 11 – partial 12
<input type="checkbox"/> Secondary School (complete Grade 12 Diploma) or GED	<input type="checkbox"/> College Certificate/Diploma
<input type="checkbox"/> Some Post-Secondary	<input type="checkbox"/> Certificate/Diploma
<input type="checkbox"/> Apprenticeship or Trades	<input type="checkbox"/> University Bachelor Degree
<input type="checkbox"/> University Certificate/Diploma	

University Masters Degree

University Doctorate

**Dependents and Child Care Information**

# of dependents (under 18 residing in your care): \_\_\_\_\_

Yes, child care has been arranged for my dependents

**Social Assistance Information-select one option:**

Not on S/A  
(urban)

Federal (on-reserve)

Provincial

**Employment Barriers with Sample Statements-check ALL that apply**

- Lack of Labour Force Attachment** – *I have not worked for over 3 years.*
- Lack of Work Experience** – *I only had casual jobs or I have never worked.*
- Lack of Transportation** – *I don't have a reliable ride to work or school.*
- Remoteness** – *There have been no jobs where I live or There are no suitable jobs locally.*
- Language** – *I don't know the work place lingo or English is not my first language.*
- Education** – *I don't have the education/training/ticket for the job I want.*
- Economic** – *I don't have the funds to get to the job I've been hired for or to attend the program I have been accepted to.*
- Dependent Care** – *I never had reliable childcare or I am living with someone that relies on me to take care of them so I need to stay local.*
- Lack of Marketable Skills** – *The skills I do have are no longer relevant to the job openings or I was part of a massive layoff and need to change my career to find employment.*
- Physical, Emotional or Mental Health** – *I have addictions or I have a learning disability, or I have a physical disability.*
- Other:
  - No Driver's License** - *I just need to get my 6 hours training & 6 hours in car or I have outstanding fines with SGI or I have been suspended.*
  - Legal Issues** - *I have a criminal record or I am on release conditions that prevent me from applying for certain jobs or I'm involved with a custody issue before the courts.*
  - Lack of Stable Housing** - *I bounce around from friend to friend for a place to stay.*
  - Other Commitments** - *I have been accepted to school in a few months so I'm not looking for a job*

**For Office Use Only**

1. I reviewed this document for accuracy
2. I have updated the Personal Info tab and the Employ Barriers Tabs in TAS
3. I made sure the client was eligible before transferring file to Case Worker

\_\_\_\_\_  
Reception

\_\_\_\_\_  
Date

**Employment Insurance Statement:**

The funds we plan to use and the type of programs we plan on doing with you here at PAGC are reported to Service Canada. Service Canada funds the PAGC ASETS Program (also known as SITAG or LFD). All the ASTS agencies throughout the province are linked through SITAG and a client can only be served by one agency at a time. Any previous funding from another agency will be used to determine eligibility. Once you sign the Consent to Disclose Personal Information form, one of the first things we do is find out your history of Employment Insurance. Below are the following situations you will be classified in:

- A. If you have never received or not received EI in the last 3-5 years there is nothing we need to report for your request.
- B. If you received EI within the last 3-5 years, there is nothing report but we will use EI Reachback funds we get from Service Canada to fund your request.
- C. **If you are actively receiving EI, we will find out your payment amount, how often you get payments and when your claim ends. If we fund you for a program even if it is only tuition/training, we have the ability to arrange with Service Canada to obtain prior approval for you to take the training. We will fill out a form on your behalf and by doing this your payments will continue.**
  - When you report you will report normally except:
    - a) When it asks if you are in training? Answer Yes
    - b) When it asks if you are available for work? Still answer Yes even if you are in training (In the event some great paying perfect job were to be offered to you in the middle of training would you take it? Mostly likely yes)
    - c) Are you receiving any other income? If you are receiving living allowance top up, travel, meals or accommodation, do not claim as other income. We have an arrangement with Service Canada that those types of assistance would not be counted as income.
- D. **If you are actively receiving EI and do not receive prior approval for any training and Service Canada finds out, you may jeopardize your claim.** They may suspend your payments temporarily or permanently. We cannot advocate for you in this type of situation.

**Client Intials:**\_\_\_\_\_



**CONSENT TO DISCLOSE PERSONAL INFORMATION**

**Full Name:** ..... **Social Insurance #:** .....  
(Last) (First) (Middle Initials)

**Address:** .....  
(Street Address)  
.....  
(City) (Prov.) (Postal Code)

I ....., consent to the disclosure and use of my personal information for the purposes of :

- a) Assisting Canada in verifying eligibility for, or entitlement to, insurance benefits under Part I of the employment insurance act and for the purposes of ensuring section 25 of the employment insurance act which ensures that EI clients who are active EI claimants continue to receive the insurance benefits to which they are entitled.
- b) For use by Canada in assessing and evaluating the Aboriginal Skills and Employment Training Strategy (ASETS).

For the purposes of part (a) described above, this consent shall remain in force for a period of one year from this date and for the purposes for part (b) described above this consent shall remain in force for a period of six years from the end date of my action plan. This information will be disclosed to the Federal Government of Canada and to the Saskatchewan Indian Training Assessment Group Inc., 118-335 Packham Avenue, Saskatoon, Sask. I understand the information collected and disclosed is protected under Canada's *Privacy Act* and that I have a right under the *Privacy Act* to obtain access to the information from Canada.

Signature:..... Date: .....

I, ..... as a representative of the Saskatchewan Indian Training Assessment Group Inc. agree to use the information disclosed for the purpose as stated above and not to further use or disclose this information.

Signature:..... Date: .....

## CAREER & ACADEMIC PLAN

### SHORT-TERM GOALS:

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### LONG-TERM GOALS:

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Please check ALL of the option's that apply

#### EMPLOYMENT BARRIERS

- None – no barriers to employment exist
- Lack of Labour Force Attachment– Client has not been in the job market for over 3 years
- Lack of Work Experience – little or no work history
- Lack of Transportation – No access to any form of transportation to get to employment / counselling
- Remoteness–Client lives in a remote area with limited access to job market
- Language –not fluent in the language required for the job market
- Education –Client does not have the education required for the job market
- Economic –Client does not have finances to purchase required job items (uniforms, relocation, etc.)
- Dependent Care – Limited or no access for childcare or family related care
- Lack of Marketable Skills –Due to shift in job market, the clients marketable skills become limited
- Health –client has a physical or mental health barrier
- Other – (please list):.....

Please only check either option's #1, 2, or 3 & then under the option selected choose all that apply:

#### CURRENT SITUATION

<input type="checkbox"/> Option # 1– Actively searching for work (within the last month)	<input type="checkbox"/> Checked with job agency <input type="checkbox"/> Contacted Employers <input type="checkbox"/> Attended Job interviews <input type="checkbox"/> Made applications <input type="checkbox"/> Reviewed job postings <input type="checkbox"/> Sent out resumes <input type="checkbox"/> Other
<input type="checkbox"/> Option # 2 – Not available for work	<input type="checkbox"/> Can not afford clothes, tools, etc <input type="checkbox"/> Have a disability <input type="checkbox"/> Struggle with addiction issues <input type="checkbox"/> Legal issues <input type="checkbox"/> Health issues <input type="checkbox"/> Have family responsibilities <input type="checkbox"/> Other
<input type="checkbox"/> Option # 3 – Would like to work but not searching	<input type="checkbox"/> Do not have a drivers license <input type="checkbox"/> Do not have child care <input type="checkbox"/> No transportation <input type="checkbox"/> Health issues <input type="checkbox"/> Legal issues <input type="checkbox"/> There are no jobs available in area <input type="checkbox"/> Other

Please check one option per number:

## WORK RELATED INFORMATION

What is the best job you have ever had? (enter the job and the NOC):

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1. How often do you travel to places outside your local area?

Very seldom    Once every few months    Once a month    Once a week    More than once a week

2. How do you rate your ability to use computers and the internet?

I don't know how    I am a beginner    I am average    I am pretty good    I am an expert

3. How do you rate your overall level of health & fitness?

Very low    Low    Average    High    Very high

4. How high is your interest and ability to learn new skills?

Very low    Low    Average    High    Very high

5. How would you rate the level of support you receive from friends and family?

Very low    Low    Average    High    Very high

**Occupational choices:**

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

**Career Research:**

**What is the name of the employer? What are some job title (s) offered that will match your qualifications?**

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**What is the starting wage for the potential job title(s) offered?**

**Job title:** \_\_\_\_\_ **Starting Wage:** \_\_\_\_\_

**Job title:** \_\_\_\_\_ **Starting Wage:** \_\_\_\_\_

**How often does this employer hire new staff?**

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**Are their full-time year round jobs available with the employer? If not, what jobs are available that you are willing to do?**

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**Other employer notes: (i.e. Jobs I am interested in require these types of duties, qualifications, skills, education; I will be working under these conditions, opportunites, for training and advancement are, etc..)**

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**Name of Person Interviewed:** \_\_\_\_\_

**Date of interview:** \_\_\_\_\_

