



PRINCE ALBERT GRAND COUNCIL URBAN SERVICES
1410B Central Avenue
Chief Joseph Custer Res. #201
Box 2350 Prince Albert, Sask. S6V 6Z1
Phone: (306) 765 – 5300 – Fax: (306) 922 – 5544

CLIENT CHECK LIST FOR SUMMER YOUTH EMPLOYMENT READINESS

“PAGC Urban Services is committed to provided additional supports for clients with disabilities”

IMPORTANT NOTE:

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.

- Program Acceptance Letter/Registration for Fall 2023**
*Must have been enrolled in the 2022/2023 school year.
- Copy of Treaty Card-** A photocopy of front and back or a Proof of Membership letter from your band can be faxed or emailed to our office
- 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.
- Transcripts of the Last Institution you attended**
- Recent Resume**
- 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?
- 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 | <input type="checkbox"/> University Doctorate |
| <input type="checkbox"/> University Masters Degree | |

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 Federal (on-reserve) Provincial
(urban)

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



Saskatchewan Indian Training Assessment Group
Local Labour Force Development

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: