

Please complete all sections thoroughly. Complete and accurate information is required to determine your eligibility.

Section A						PERSONAL IDENTIFICATION											
Last Name:				First Name:				Middle Initial:									
S.I.N. : / /				Birth Date: DD/ MM/ YYYY/				Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>									
Mailing Address:				City:				Prov:		Postal Code:							
Telephone#:			Message #:			Email:											
Aboriginal status:						Registered Indian <input type="checkbox"/>		Non-Status <input type="checkbox"/>		Inuit <input type="checkbox"/>		Metis <input type="checkbox"/>					
Band Name:						Band Registry Number:											
Marital Status:										# of dependents living with you: _____							
Married / Equivalent <input type="checkbox"/>				Single <input type="checkbox"/>		Separated <input type="checkbox"/>		Divorced <input type="checkbox"/>		Widowed <input type="checkbox"/>							
Do you require child care? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, what is your current source of child care?														
Do you identify as having a physical or mental disability that affects your ability to perform daily tasks? Yes <input type="checkbox"/> No <input type="checkbox"/>																	
If yes, how does your disability restrict your performance of daily tasks? Please Explain: _____																	
Are you a Canadian citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>				Language Spoken? English <input type="checkbox"/> French <input type="checkbox"/> Other: _____				Do you have a Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>									
What is preventing you from finding work? _____																	
Have you applied for or are you currently in receipt of Employment Insurance?								Yes <input type="checkbox"/>		No <input type="checkbox"/>							
Have you had an Employment Insurance Claim within the past three years?								Yes <input type="checkbox"/>		No <input type="checkbox"/>							
Have you had a Parental or Maternity leave claim in the past five years?								Yes <input type="checkbox"/>		No <input type="checkbox"/>							
What is your current source of income?																	
Social Assistance <input type="checkbox"/>			Student Loans <input type="checkbox"/>			Pension <input type="checkbox"/>			Part-time Work <input type="checkbox"/>			Full-time Work <input type="checkbox"/>			Other <input type="checkbox"/>		
If other, please explain: _____																	
Are you registered with a WorkBC Employment Service Centre? Yes <input type="checkbox"/> No <input type="checkbox"/>																	
If yes, which office? _____																	

Section B						EDUCATION AND TRAINING											
Highest Grade completed: _____						Year Completed: _____						Province/Country: _____					
Please list all degrees, trade levels, licenses, diplomas, certificates or work tickets obtained: _____																	
List all adult basic education, post-secondary training and or courses that you have attended																	
Institute/Organization		Location		Year		Course		Certificate, Diploma, Degree, Tickets			Completed?						

Section B EDUCATION AND TRAINING - Continued			
List any ACCESS funded programs you have previously participated in and the outcome or results for you.			
Year	Program	Completed?	Outcome/Result
Are you currently attending school full time? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many hours of school per week are you attending? _____ / week. Do you intend to return to school in the upcoming academic year/semester? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you left school to permanently join the workforce? Yes <input type="checkbox"/> No <input type="checkbox"/> Please Explain: _____			

Section C EMPLOYMENT HISTORY						
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>						
List your last three jobs starting with the most recent.						
Job Title	FT/PT	Company Name	Start Date <small>dd/mm/yyyy</small>	End Date <small>dd/mm/yyyy</small>	Salary	Reason for Leaving
Describe what you have done to find work: _____ _____ _____						

OFFICE USE ONLY		
ACTIVE EI CLAIM <input type="checkbox"/>	REACH BACK <input type="checkbox"/>	CRF <input type="checkbox"/>
Comments: _____ _____		

All information provided to us will be considered as supplied in confidence. Under certain circumstances some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact ACCESS at 604-251-7955, 110-1607 East Hastings St, Vancouver, BC V5L 1S7.

Applicant's signature

Date: _____
DAY MONTH YEAR



Client File Number: _____

Applicant's Declaration & Authorization

I declare that the foregoing information provided to access is, to my knowledge, true and complete and that it is subject to verification by access and its representatives. I authorize access to release application information with involved organizations, training institutions, and government agencies. I acknowledge that in the event that I do not comply with any of the following requirements that I may be denied further funding by access.

I will reimburse ACCESS for training costs incurred on my behalf should I leave the program or fail to attend with regularity, acceptable to ACCESS. I will not be eligible to participate in further ACCESS funded training until all monies owed have been repaid, and a six-month waiting period and review process have been completed;

I will supply originals of all requested documents, receipts for reimbursement, marks, and training related documentation, including records of attendance, to ACCESS;

I will honor ACCESS's training follow-up request after completion of training;

I will provide a personal written evaluation of my training upon completion;

I am responsible for all training expenses incurred in excess of the agreed upon amount and for any amounts paid in error. In all cases ACCESS will not be held responsible for any expenses not agreed to, prior to the expenses being incurred.

I understand ACCESSSS may cancel or reduce my financial assistance in the event Canada cancels, reduces or terminates its funding to ACCESS.

I understand that tuition, assistance and training allowances are subject to taxation;

I will immediately report any changes of residence, telephone or other contact information to ACCESS;

I understand that I am subject to legal action in the event that I make false statements or neglect to provide ACCESS with any information that materially affects my entitlement to training subsidy or my ability to benefit from my employment insurance;

I will save ACCESS, its employees, volunteers, agents and heirs, harmless from and against all claims, losses, damages, cost and expenses related to any injury or death of a person or a loss or damage to property caused in relation to this training initiative;

I affirm that all necessary liability and life insurance will be maintained by me for the duration of the period of my training if and when required;

I am aware that I have 30 days to start the appeal process, should my request for training funds be denied and that the decision of the appeal committee is final and binding;

This authorization remains in effect for the duration of my request for funding.

Applicant's Full Name (please print): _____

Applicant's signature _____ Date: _____ DAY MONTH YEAR

OFFICE USE ONLY			
Authorized by:			
Counsellor's name (please print) _____			
Counsellor's signature _____ Date: _____ DAY MONTH YEAR			



How can ACCESS help you?
Please check ✓ all that apply to you.

- I need to use the computer lab for:
Internet, telephone, photocopying, and/or faxing
- I need help writing my resume and cover letters.
- I need referrals to job openings.
- I need help preparing for job interviews.
- I need help planning my next move.
- I need help determining my interests and skills.
- I need to upgrade my academic skills.
- I need financial assistance to attend training.
- I need help applying for student loan.
- I need help starting my own business.
- I need financial counseling.
- I need stress counseling.
- I need drug/alcohol abuse counseling.
- I need financial assistance for daycare.
- I need help contacting my Band/Metis Nation
- I need financial assistance for Work Gear

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