

Training Institution		Program Location		Program Start Date			Student Start Date		
				mm	dd	yyyy	mm	dd	yyyy
<b>Program Type</b>				<b>Program Funding Sources (Office Use Only)</b>					
<input type="checkbox"/> ABE Levels One/Two <input type="checkbox"/> ABE Level Three <input type="checkbox"/> ABE Level Four (GED prep) <input type="checkbox"/> ABE Level Four (Adult Secondary Completion) <input type="checkbox"/> Employability/Life Skills <input type="checkbox"/> ESL <input type="checkbox"/> Other (please specify)				<input type="checkbox"/> Consolidated grant <input type="checkbox"/> Band-sponsored <input type="checkbox"/> Dumont Technical Institute <input type="checkbox"/> EAPD <input type="checkbox"/> Federal Government <input type="checkbox"/> GDI Training & Employment <input type="checkbox"/> LFD			<input type="checkbox"/> Links to Employment <input type="checkbox"/> Multiple Sources <input type="checkbox"/> Not Sponsored <input type="checkbox"/> Social Services <input type="checkbox"/> WCB <input type="checkbox"/> Workforce Development <input type="checkbox"/> Other		
<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time							
<b>Demographic Information</b>									
Last Name			Other last name used (eg before marriage)			First and Middle Names			
Address			City/Town/Reserve			Postal Code		Telephone	
Date of Birth (mm/dd/yyyy)		Social Insurance #		Saskatchewan Hospitalization #		Student # (Department Only)			
<b>Note: the following section is voluntary. Information will be used for statistical purposes only.</b>									
<input type="checkbox"/> Male <input type="checkbox"/> Female		Number of Dependents			<input type="checkbox"/> Single, divorced, widowed, separated <input type="checkbox"/> Married, common law				
<input type="checkbox"/> Métis <input type="checkbox"/> Status/treaty <input type="checkbox"/> Non-status <input type="checkbox"/> Inuit <input type="checkbox"/> Visible minority <input type="checkbox"/> Disabled		<b>Citizenship</b> <input type="checkbox"/> Canadian <input type="checkbox"/> Other <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit <input type="checkbox"/> Protected Person <input type="checkbox"/> Work Permit			<b>First Language</b> <input type="checkbox"/> English <input type="checkbox"/> Michif <input type="checkbox"/> French <input type="checkbox"/> Saulteaux <input type="checkbox"/> Cree <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Dene <input type="checkbox"/> Lakota/Dakota/Nakota				
<b>Educational Background</b>									
<b>Type</b>		<b>Highest Grade Level Completed</b>			<b>Name/Location of School</b>				
<input type="checkbox"/> Elementary School									
<input type="checkbox"/> Secondary School									
<input type="checkbox"/> Correspondence									
<input type="checkbox"/> Adult Basic Education									
<input type="checkbox"/> Post-secondary									
<b>Primary Income Support</b>					<b>What were you doing before this program?</b>				
<input type="checkbox"/> Band Council <input type="checkbox"/> Tribal Council <input type="checkbox"/> Federal Government (EI) <input type="checkbox"/> Social Assistance <input type="checkbox"/> Provincial Training Allowance (PTA)		<input type="checkbox"/> Provincial Youth Allowance (PYA) <input type="checkbox"/> WCB <input type="checkbox"/> Other (please specify) <input type="checkbox"/> No income support			Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed – receiving EI <input type="checkbox"/> Student <input type="checkbox"/> Not working – receiving SIS <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Not working – not receiving EI/SIS				

I give the above post-secondary institution permission to release information about my performance in this program to agencies that provide me with funding.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_