



Participant
Information and Declaration

<u>1) Participant's Basic Information</u>	
a) Name:	
b) Social Insurance Number	
c) Beneficiary number, if applicable	
d) Address (P.O. Box, Street, City, Province, Postal Code)	
e) Phone number	
f) Date of birth (dd/mm/yyyy)	
g) Job title	
h) Training to be provided if any	

<u>2) Expectations</u>	
a) What do you expect from the training or job?	
b) Start date of the training or job?	
c) End date of the training or job?	

I declare that the information provided above is true and I agree that the information will be used to determine my eligibility for funding and services by the Cree Nation Government/Apatisiwin Skills Development and that my personal information may be shared with the various government funding agencies.

Signature of the participant

Date