



**Participant Information & Declaration**

<b>PROJECT INFORMATION</b>	
<b>Recipient:</b>	
<b>Project Title:</b>	

<b>1 - Participant Information</b>	
<b>Name</b>	
<b>Social Insurance Number</b>	
<b>Beneficiary Number</b>	<b>Not Applicable</b> ____
<b>Band Number</b>	<b>Not Applicable</b> ____
<b>Address</b>	Street (P.O. Box) _____ City _____ Province _____ Postal Code _____
<b>Phone Number</b>	
<b>Date of Birth</b>	(Month/Day/Year)
<b>Job Title/Position</b>	
<b>Training to be Provided</b>	

<b>2 - Expectations</b>	
<b>What do you expect from the job or training?</b>	
<b>Start date of job or training</b>	(Month/Day/Year)
<b>End date of job or training</b>	(Month/Day/Year)

<b>3 - Other Comments</b>

\_\_\_\_\_  
**SIGNATURE OF THE PARTICIPANT**

\_\_\_\_\_  
**DATE**

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/Apatisiiwin Skills Development and that my personal information may be shared with the various government funding agencies.