



Participant Information & Declaration

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

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

3 - Other Comments

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