

PARTICIPANT INFORMATION FORM

File #:	Case Manager:
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Funded Service
 Course Purchase Work Supplies Mobility Wage Subsidy Trades Supplementary

Non-Funded Service
 Employment Counseling Resumé Writing Job Search Labour Market Research Referral
 Self-Employment Services

First Name / Given Name		Middle Initial	Last Name / Surname	
Mailing Address		Town / City		Province BC
Postal Code	Home Phone Number		Cell Phone Number	Date of Birth: Month Day Year
E - Mail Address		Social Insurance Number (SIN)		

Gender	Marital Status	Dependants	Drivers License	Employed	Income	Highest Education
Male <input type="checkbox"/>	Single <input type="checkbox"/>	Yes <input type="checkbox"/> # _____	Yes <input type="checkbox"/> Class: _____	Yes <input type="checkbox"/>	Employment Insurance <input type="checkbox"/>	Level Achieved
Female <input type="checkbox"/>	Married <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Income Assistance <input type="checkbox"/>	_____
					No Income <input type="checkbox"/>	_____
					Other: _____	_____

Aboriginal Ancestry First Nation Métis Inuit
 Status Non-Status On-Reserve Off-Reserve Registry #: _____ Band: _____

Name of Program / Course:
 Name of Training Institution: Sage Trainers
 Certificate / Diploma / Degree Obtained:
 Start Date: End Date:

BUDGET			OFFICE USE ONLY			
Course Costs	Request	Approved	EI ACTIVE	REACHBACK (RB)	CRF	YOUTH <input type="checkbox"/> CRF <input type="checkbox"/> RB <input type="checkbox"/>
TOTAL COSTS			Date Received: EI authorization required: Enroute authorization required: EI Benefit Period: Verified By: Date:			

OFFICE USE ONLY - RECOMMENDATION

Referral <input type="checkbox"/>	Approved <input type="checkbox"/>	Cost Share <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Withdrawn <input type="checkbox"/>	Conditional Approval <input type="checkbox"/> _____
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CLIENT DECLARATION: I am aware legal action may be taken against me for making false statements or failing to inform TRICORP of changes to the information affecting my entitlement to allowances and/or Employment Insurance benefits. I am aware that I may be disqualified from receiving benefits should I voluntarily exit the course, or not attend on a regular basis. If and when the option to appeal is being exercised, the written appeal is to be forwarded to TRICORP's Executive Director (Attention: Appeal Committee). Decisions made by the Appeal Committee are final and binding. I hereby declare that I acknowledge the terms and conditions set out in this contract and agree that in the event that I choose not to adhere to one or more of the following, I may be exempted from future funding:

- I am responsible to reimburse TRICORP for training costs/ allowances, on a per diem basis, should I voluntarily or involuntarily exit the course, or not attend on a regular basis.
- I will provide receipts to TRICORP for pre-approved program related purchases.
- I am responsible for any costs incurred in excess of the agreed upon amount.
- I am responsible to provide TRICORP with a written evaluation of the program upon completion.
- I will save TRICORP harmless from and against all claims, losses, damages, costs and expenses related to any injury or death of a person, or loss or damage to property caused or alleged to be caused by this initiative and that all necessary liability and life insurance shall be maintained by me for the duration of this activity.
- I am responsible to provide interim/final reports as requested by TRICORP.
- I authorize TRICORP to access my records if I fail to provide the interim/final reports as required.
- I agree that information, related to this initiative, may be shared amongst participating Provincial Ministries, Federal Departments, TRICORP, and Public/Private Training Institutions, organizations identified as being a partner to the training initiative/application of the client.
- I agree to allow TRICORP to use my likeness or image in the development and distribution of any TRICORP promotional materials.
- I will report to TRICORP, as soon as possible, if there are changes to this information.

CLIENT SIGNATURE: I certify that the information is true, correct and complete in every respect and I understand it may be subject to verification by TRICORP or its representatives.	Date
AUTHORIZED SIGNATURE: Action Plan is authorized. Terms and Conditions and any other requirements, where applicable, have been met.	Date