

YOUTH ARMS CLIENT #
Personal Information Form (PIF)

Please complete all sections thoroughly. Complete and accurate information is required for youth program registration.

Section A				PERSONAL IDENTIFICATION	
Youth <i>Last</i> Name:		Youth <i>First</i> Name:		Middle Initial:	
Parent/Guardian's Name(s):		Parent/Guardian's Phone(s)#:			
S.I.N.: / /		Birth Date: DD/ MM/ YYYY/		Gender:	
Mailing Address:		City:		Prov:	Postal Code:
Telephone#:		Email:			
Emergency contact:		Contact#:		Relationship to child:	
Indigenous Affiliation:		Status ☐		Non-Status ☐ Inuit ☐ Metis ☐	
Band Name:				Band Registry Number:	
Do you identify as having a physical or mental disability that affects your ability to perform daily tasks? Yes ☐ No ☐					
If yes, how does your disability restrict your performance of daily tasks? Please Explain: _____					
List any allergies you might have:					
Have you applied for or are you currently in receipt of Social Assistance?				Yes ☐ No ☐	
Have you had Social Assistance Claim within the past five years?				Yes ☐ No ☐	
What is your current source of income?					
Social Assistance ☐ Student Loans ☐ Part-time Work ☐ Full-time Work ☐ Other ☐					
If other, please explain:					
Are you a Canadian citizen?		Language Spoken?		Do you have a Driver's License?	
Yes ☐ No ☐		English ☐ French ☐ Other: _____		Yes ☐ No ☐	

Section B			EDUCATION AND TRAINING	
Highest Grade completed: _____ Year Completed: _____ Province/Country: _____				
Please list all awards/honorariums & certificates obtained:				
List Elementary/Secondary School				
School/Institute		Year	Location (Address)	
School/Institute Phone Number		#		

Aboriginal Community Career & Employment Services Society

Suite 110-1607 East Hastings Street, Vancouver, B.C., V5L 1S7

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Section B**EDUCATION AND TRAINING - Continued**

List any ACCESS funded programs you have previously participated in and the outcome or results for you.

Year	Program	Completed?	Outcome/Result

Are you currently attending school full time?

Yes ☐ No ☐

If yes, how many hours of school per week are you attending?

_____ / week.

Do you intend to return to school in the upcoming academic year/semester?

Yes ☐ No ☐

Have you left school to permanently join the workforce?

Yes ☐ No ☐

Please Explain: _____

OFFICE USE ONLY

Complete ☐

Not Complete ☐

Comments:

All information provided to us will be considered as supplied in confidence. Under certain circumstances some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact ACCESS at 604-251-7955, 110-1607 East Hastings St, Vancouver, BC V5L 1S7.

Applicant's signature

Date:

DAY

MONTH

YEAR

Parent/Guardian's signature

Date:

DAY

MONTH

YEAR

Youth ARMS Client File Number: _____

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AUTHORIZATION TO RELEASE/OBTAIN EDUCATIONAL INFORMATION

I _____ authorize
ACCESS to:
_____ release to:
_____ obtain from:
_____ exchange with:

The following information pertaining to myself:

_____ Report Cards
_____ Attendance
_____ Syllabi per course
_____ Test Results
_____ Timetables
_____ History
_____ other (specify) _____

For the purpose of:

_____ evaluation/assessment and/or coordinating educational support efforts
_____ other (specify) _____

This consent will automatically **expire one (1) year after the date** of my signature as it appears below, or on the following earlier date, condition, or event.

I **understand** I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

Signature of Youth

Date

Parent/Guardian's Signature

Date

Applicant's Declaration & Authorization

I declare that the foregoing information provided to ACCESS is, to my knowledge, true and complete and that it is subject to verification by ACCESS and its representatives. I authorize access to release application information with involved organizations, training institutions, and government agencies. I acknowledge that in the event that I do not comply with any of the following requirements that I may be denied further funding by access.

YW & Client Initials

- ☐ If I quit or am removed from program without an acceptable reason to ACCESS. I may not be eligible to participate in further ACCESS funded training until all monies owed have been repaid, and a six-month waiting period and review process have been completed; These costs may be recovered should the situation arise.
- ☐ All original ACCESS Youth Leadership related documents, such as syllabi per course, timetable, report cards and other documentation as needed, including records of attendance, **must** be provided to ACCESS; when **requested**.
- ☐ I agree to provide ACCESS with leadership follow-up request after completion of training;
- ☐ I agree to provide a personal written evaluation of my leadership upon completion;
- ☐ I am aware of @ACCESSYOUTHFUTURES on Instagram and Facebook page for announcements and updates.
- ☐ **No tolerance** policy for any type of bullying or harassment.
- ☐ I understand that tuition, assistance and training allowances are subject to taxation.
- ☐ I agree to immediately report any changes of residence, telephone or other contact information to ACCESS;
- ☐ I am responsible for all training expenses acquired in excess of the agreed upon amount and for any amounts paid in error. In all cases ACCESS will not be held responsible for any expenses not agreed to, prior to the expenses being incurred.
- ☐ I understand ACCESS may cancel or reduce my financial assistance in the event Service Canada cancels, reduces or terminates its funding to ACCESS.
- ☐ I agree not to hold ACCESS, its employees, volunteers, agents and heirs, harm from and against all claims, losses, damages, cost and expenses related to any injury or death of a person or a loss or damage to property caused in relation to this training initiative;
- ☐ I understand that I am subject to legal action in the event that I make false statements or neglect to provide ACCESS with any information that materially affects my entitlement to training subsidy or my ability to benefit from my employment insurance;
- ☐ I affirm that all necessary liability and life insurance will be maintained by me for the duration of the period of my training if and when required;
- ☐ I am aware that I have 20 business days to start the appeal process, should my request for training funds be denied and that the decision of the appeal committee is final and binding;
- ☐ I understand if I receive a laptop from ACCESS I am responsible for returning the laptop in the condition it was in given to me. If, not I am financially responsible for damage(s) and repairs.

This authorization remains in effect while I am an active ACCESS youth participant.

Applicant's Full Name (please print): _____

Applicant's signature

Date: _____
DAY MONTH YEAR

Parent/Guardian's signature

Date: _____
DAY MONTH YEAR

OFFICE USE ONLY

Authorized by:

Youth Worker/Manager name (please print) _____

Youth Worker/Manager's signature

Date: _____
DAY MONTH YEAR

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How can ACCESS help you?

Please check ✓ all that apply to you.

- ☐ I need to use the laptop for:
the purpose of school & job search.
- ☐ I need help writing my resume and cover letters.
- ☐ I need help preparing for job interviews.
- ☐ I need help with education/career planning.
- ☐ I need help determining my interests and skills.
- ☐ I need to upgrade my academic skills.
- ☐ I need financial assistance to attend training.
- ☐ I need help applying for student loan.
- ☐ I need help contacting my Band/Metis Nation
- ☐ I do not know/no idea

Youth Worker/Manager Notes:

Revised Sept 22, 2020