

Intake Form

WILDLAND FIREFIGHTING TRAINING

Date _____ Program _____

Personal Information

First Name _____ Last Name _____ Initials _____

Date of Birth (YYYY-MM-DD) _____ Social Insurance Number _____

What funding will you use for living allowance during the program? EI _____ Income Assistance _____ Other _____

If other please list: _____

Contact Information

Street Address or PO Box _____

City/Town/Community _____ Province _____ Postal Code _____

Telephone _____ Cell _____ Message _____

E-mail Address _____ Facebook Name _____

Education Level

No Formal Education _____ Less than a Grade 10 _____ Grade 10-12 _____ Grade 12 Graduate/Dogwood _____ GED _____

Some Post Secondary Training Apprenticeship/Trade Certification University/College _____

Aboriginal Identity

Registered _____ Non Status _____ Metis _____ Inuit _____ Other _____ On Reserve _____ Off Reserve _____

Band Name _____ Band Province _____ Status Number _____

Participant Consent to Release Information

Confidentiality Promise

I, _____ (print name) understand the Wildland Firefighting Training team is collecting my personal information for the purpose of assessing, planning, and developing a personal training plan geared towards entry into a Wildland Firefighting training. I understand that my personal information could be shared with funding agencies and employers for the purpose of training or employment opportunities.

Signature of Applicant _____ Date Signed _____

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Employment and Income Status (please check all that apply)

Employed ___ Current Student ___ Unemployed for more than 5 years ___

Receiving EI ___ Have received EI in the past 5 years ___ Have received maternity EI in the past 5 years ___

Income Assistance No Income On Disability On WCB Canada Pension Other _____

Reasons for Unemployment (Check all that apply)

Lack of Transportation No Drivers License New to the Workforce Lack of Childcare Education

Lack of Work Experience ___ Live in a Rural/Remote Location ___ Physical, Emotional or Mental Health ___

Specify Disability _____ Substance Abuse/Addiction Other _____

List Previous Firefighting Training _____

Please list your past employment and training (Even if it was seasonal or short term)

Employer _____ Hrs of Employment _____ Year/s Worked _____

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Employer _____ + _____ Hrs of Employment _____ Year/s Worked _____