



PO Box 339, Prince Rupert, BC
 Ph: (250) 624-3535 Fax: (250) 624-3883
 Email: programsupportofficer@tricorp.ca

TRICORP: Workplace Essential Skills Trades Training Program

Client Application Form

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

EMERGENCY CONTACT INFORMATION

Name:	Relationship:	Phone Number(s)
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Additional Information:

Gender: Female Male

Marital Status: Single Married Common Law Separated

Dependents: No Yes How many children? _____

Employed: No Yes Place of employment: _____

Source of Income: Employment Insurance
 Income Assistance
 None
 Other _____

Have you been on Employment Insurance in the last 3 years? _____

Education: High School _____ (Grade completed, Certificate, Dogwood, GED)
 College _____
 University _____

Languages Spoken: English Other _____

Disability: No Yes _____

Aboriginal Ancestry:

First Nations Nisga'a Inuit Metis

Non-Status Status Registry # _____ Band _____

Required Documents:

Photo ID Social Insurance Card *Status Card Resume

*If you do not have a copy of your status card we will need a letter from your band stating your status and registration #

Please note that applications will not be accepted without copies of these documents attached.



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How did you hear about our program:

- Radio Television TRICORP's Facebook TRICORP's Website Other _____

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:

1. 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.
2. I am responsible for any costs incurred in excess of the agreed upon amount.
3. I am responsible to complete the program evaluation upon completion.
4. 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.
5. I will be responsible for any charges incurred as a result of damage or loss at my accommodation site. This also includes any telephone, internet or movie charges.
6. I agree that information, related to this initiative may be shared amongst participating Provincial Ministries, Federal Departments, TR, and Public/Private Training Institutions, organizations identified as being a partner to the training initiative/application of the client.
7. I agree to allow TRICORP to use my likeness or image in the development and distribution of any TRICORP promotional materials.
8. 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.

X

Date

AUTHORIZED SIGNATURE: Action Plan is authorized. Terms and Conditions and any other requirements, where applicable, have been met.

X

Date

OFFICE USE ONLY

Recommendation:

- Referral Approved Cost Share Not Approved Withdrawn
 Conditional Approval _____

Finance:

- EI Active *Reachback (RB) CRF Youth CRF RB

*If client has been on EI in the last 3 years they can become active again

EI Authorization Required: Yes No N/A
 Enroute Authorization Required: Yes No N/A

EI Benefit Period: _____

Date Received: _____

Date Signed: _____ Verified by: _____

Notes: