

YEP Application 2023-2024

A completed application to the LDM for all programs must include all of the following information.

- Participant Information Form
- O Consent to the Request and Release of information
- Updated Resume
- Status Card
- SIN Number
- O Schedule an appointment with the LDM office

PLEASE SUBMIT YOUR COMPLETE APPLICATION PACKAGE TO:

Mailing Address: M'Chigeeng Training & Employment Hub Center P.O. Box 333, 53 Hwy.551 M'Chigeeng, ON P0P 1G0

Attention: YEP Coordinator

 Telephone:
 705-377-5362 x225

 Facsimile:
 705-377-4980

 Email:
 abbyp@mchigeeng.ca



Local Delivery Mechanism 53 Hwy 551 P.O. Box 333 M'Chigeeng, ON POP 1G0 Phone 705-377-5362 Fax 705-377-4980

Participant Information Form

Last Name	First Name	Middle Name/Initials				
Maiden Name(if applicable)	Date of Birth(MM-DD-YY)	SIN				
Gender Martial Status						
□ Male □ Female □ Unspecified □ Single □ Married □ Divorced □ Other						
Apartment/Unit #	Street Address or Box Number					
City/Town/Community	Province	Postal Code				
Telephone Number	Other Number for Messages					
Email Address						
Languages Spoken: English French Aboriginal						
Registered (status) Indian Non-Status Métis Inuit						
Band Number						
First Nation Affiliation	On Reserve	□ Off Reserve				
	Student Education					
Did you attend school full-time this past year? Yes No						
Returning to School in the Fall of 2021?		Yes 🗆 No				
Name of Institution:						
What Type of Work Are You Interested In?						
1. Aro you available for work between	2. 2. the 1st full week in June to the 3rd y	3. Nook in August2				
Are you available for work between the 1 st full week in June to the 3 rd week in August?						
Yes No Other What type of hours are you available to Work?						
Days 🗆 Full	-time					
Evenings Part-time Weekends						



Consent to Request and Release of Information

Last Na	ame	First Name	Initial
OPerm	nanent OTemporary Ad	dress City	Province
Telepho	one # (Home, Cell, Messa	ages)	Email
	00	Nation Local Delivery Mechanis ucation, training or employment- ort Program lub Committee	nd release of information between any m (LDM)and representatives of the following related activities:

This consent is intended to allow the M'Chigeeng LDM to verify information to determine my eligibility for financial assistance. As sponsoring agent, we require any information in regard to employment duration, course duration, attendance, academic performance, or any other information required by M'Chigeeng LDM. Any exchange or information will be held confidential between all parties' notes above.

Dated at	this	_day of	20
Location	day	month	year
Signature	Signat	Signature of Witness	