

Source of Income:

Employment Employment Insurance MB Metis Federation Band Funded Contact _____
 Social Assistance Case # _____ Worker's Name _____ Other Support Explain _____

PREVIOUS EDUCATION

Secondary Education

Please check the last grade **completed** prior to upgrading:

Date Completed: _____ Indicate any partial grades completed: _____
7 8 9 10 11 12

Name(s) and Location(s) of school(s): _____

Secondary Upgrading

Have you received any upgrading or training since you left school? Yes No

If Yes, was it:

	Level Completed			Date Completed
<input type="checkbox"/> Adult Basic Education	8-10	11	12	_____
<input type="checkbox"/> GED	10	11	12	_____
<input type="checkbox"/> Adult Learning Centre	10	11	12	_____
<input type="checkbox"/> Literacy				_____

Are you currently attending /enrolled in another Adult Learning Centre? Yes No

If Yes, Name of Centre: _____

If you have ever been enrolled in any post-secondary education, training programs or technical programs, please list them (college, technical institute, university, Centre for Aboriginal Human Resource Development, MB Metis Federation, etc.)

Institution	Program/Course	Date Of Attendance	Completion? Yes / No

EMPLOYMENT

Are you currently:

Employed full-time (30 hours/week or more) Unemployed Student
 Employed part-time (less than 30 hours/week) Employed Seasonally

What is your occupational goal? _____

DECLARATION

I consent to the verification of any information supplied in this application. I certify that the statements made by me are true and to the best of my knowledge.

Signature: _____

Date: _____