THIS IS A MANDATORY FORM FOR EMPLOYABLE INCOME ASSISTANCE APPLICANTS

& MUST BE **RETURNED MONTHLY** TO T’IT’Q’ET SOCIAL DEVELOPMENT

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the T’it’q’et Administration, Social Development program under *Aboriginal Affairs and Northern Development Canada Income Assistance Policy*. The collection, use and disclosure of personal information are subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

|  |  |  |
| --- | --- | --- |
| Last Name | Given Name | Male ⎕ Female ⎕ |

Check or circle Your Age Group

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 to 15 | 16 to 17 | 18 to 24 | 25 to 44 | 45+ |

**Example of work search “activities” with**

**“code” number**: (Use other side if needed)

1. Preparation of (i.e. drafting, typing, photocopying) resume and/or cover letters, *when completed in combination with employer contacts.*
2. Telephone inquiries to potential and specific employers.
3. Fact finding interviews, when completed in combination with employer contacts.
4. Responding to newspaper ads, internet etc.
5. Met with Employment Service Advisor.
6. Cold calling potential employers
7. Networking with friends, relatives, neighbors, previous employers, colleagues or other social contacts.
8. Submitting applications for employment.
9. Submitting letters and/or resumes for employment.
10. Participating in employment interviews.
11. Attending workshops for resume preparation or employment search or other training.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Activity**  **Code** | **Location of activity person/online/town** | **Contact name & Number** | **Results of Activity**  **Waiting interview/not hiring etc.** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

If you have not looked for work, please indicate why:

⎕ Hospitalized (confirmation) ⎕ Over 65 Years of Age ⎕ Medical /Physical condition (Dr. note)

⎕ Other (explain):

**DECLARATION AND NOTIFICATION**

I declare that all the information I have provided in this form is true and complete. I understand the accuracy of the information I provide may be checked and that T’it’q’et Social Development may verify and obtain information to confirm my eligibility.