

# Registration Application: Change It Up

c/o ATC Tel: (780) 791-7445 Fax: (780) 791-2656

## *Confidential*

Please tell us about yourself.

Name:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
First Name Initial Last Name

Social Insurance Number \_\_\_/\_\_\_/\_\_\_ D.O.B. (M/D/Y): \_\_\_/\_\_\_/\_\_\_

**Participation for youth 15 to 17 years is limited to residents of Janvier/Chard. Parental consent (at the end of this application) must be signed for anyone under 18 years of age.**

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

First Nation: \_\_\_\_\_ Gender: Male: \_\_\_ Female: \_\_\_

Dependents: No \_\_\_ Yes \_\_\_ # of Dep: \_\_\_ Ages of Dep: \_\_\_\_\_

Marital Status: Single \_\_\_ Married/Common-law \_\_\_ Other \_\_\_\_\_

Employment Status: Employed \_\_\_ Unemployed \_\_\_ If yes: Full-time \_\_\_ Part-time \_\_\_

Are you currently in school? Yes \_\_\_ No \_\_\_ Last time you attended school? Year \_\_\_\_\_

Highest Grade Completed \_\_\_ Year \_\_\_ Name of School \_\_\_\_\_

Are you currently receiving support from the following services?

Unemployment (EI): Yes \_\_\_ No \_\_\_ have/have not been in past 3 years? Year: \_\_\_\_\_

Social Assistance: Yes \_\_\_ No \_\_\_ AISH: Yes \_\_\_ No \_\_\_ Other: \_\_\_\_\_

If you could change it up—what would you do to make a difference in your community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What talents, skills or strengths do you have? (for example, music, computers, good with children, able to fix things, great at lacrosse, etc.)

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List three possible occupations that you would like to explore.

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Have you been in any skills training programs before? (e.g. Life Skills, Food Handling, Chainsaw Ticket, etc.)

Title of Training	Institution	City/Town	Completed?
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**References:** Please provide the name of someone who can tell us more about you and your strengths.

1) Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone #: \_\_\_\_\_

Briefly tell us about any work experience or training you have had.

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I give consent to the Athabasca Tribal Council Staff to have access or discuss with Change it Up service providers any pertinent information regarding my file. I am aware that all information will be kept confidential.

\_\_\_\_\_  
Initial

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are under 18, you need to provide a parent/guardian signature.**

Name of Parent or Guardian: \_\_\_\_\_ (Please print.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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