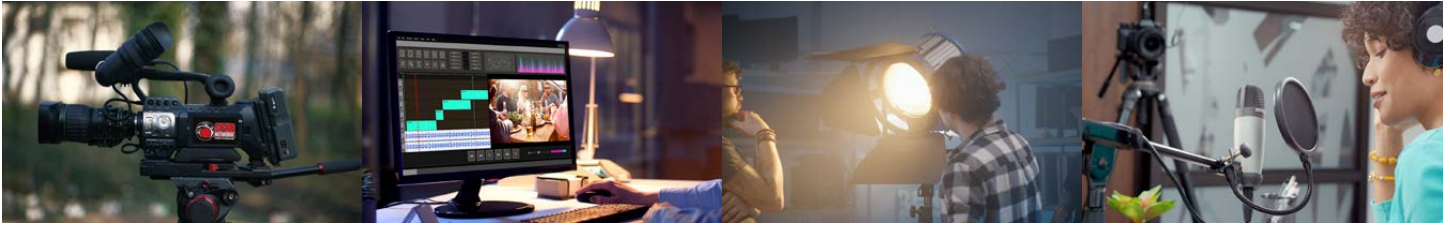




APPLICATION FORM VIDEO/RADIO/SOCIAL MEDIA TRAINING CLASS



NAME _____

DATE OF BIRTH (YYYY-MM-DD) _____ MALE FEMALE NON-BINARY

ADDRESS _____

CITY/TOWN _____

PROVINCE _____ POSTAL CODE _____

PHONE _____

EMAIL _____

DRIVER LICENSE IF NO, ARE YOU ELIGIBLE TO ATTAIN A DRIVERS LICENSE?

SOCIAL INSURANCE # _____

FIRST NATIONS ANCESTRY	STATUS	<input type="checkbox"/>	NATION	_____
			NISGAA'A	MÉTIS <input type="checkbox"/>
	MOTHER:	_____		
	FATHER:	_____		

DO YOU HAVE A VIDEO/AUDIO DEMO REEL? (YOUTUBE, VIMEO, SOUNDCLOUD ETC.) IF YES, PROVIDE THE LINK _____

EDUCATION HISTORY

RELEVANT EXPERIENCE/
WORK EXPERIENCE
(PAID, UNPAID ETC.)



**APPLICATION FORM
VIDEO/RADIO/SOCIAL MEDIA
TRAINING CLASS**

HERE'S THE PART WHERE YOU CAN REALLY SHINE AND STAND OUT FROM THE CROWD!

LET US KNOW...

WHAT WOULD YOU DO WITH THE KNOWLEDGE AND TRAINING AFTER YOU GRADUATE FOR YOURSELF?

FOR YOUR COMMUNITY?

WHAT WOULD YOU DO WITH THE RADIO PORTION OF YOUR TRAINING?

WHAT INTERESTS YOU ABOUT SOCIAL MEDIA PROMOTION?

HOW WOULD YOU USE THAT KNOWLEDGE AFTER THE TRAINING?

NAME

SIGNATURE

DATE

TRICORP Employment, Skills and Training Services (TESTS)
PARTICIPANT INFORMATION FORM

File #: _____ **Program Officer:** _____

Funded Service TESTS Projects AYIP
 Course Purchase Work Supplies Mobility Wage Subsidy Trades Supplementary

Non-Funded Service
 Employment Counseling Resumé Writing Job Search Labour Market Research Referral
 Self-Employment Services

First Name / Given Name _____ Middle Initial _____ Last Name / Surname _____

Mailing Address _____ Town / City _____ Province **BC** Postal Code _____

Home Phone Number _____ Cell Phone Number _____ Date of Birth: _____ Month _____ Day _____ Year _____

E - Mail Address _____ Social Insurance Number (SIN) _____

Gender	Marital Status	Dependants	Drivers License	Employed	Income	Highest Education
Male <input type="checkbox"/>	Single <input type="checkbox"/>	Yes <input type="checkbox"/> # _____	Yes <input type="checkbox"/> Class: _____	Yes <input type="checkbox"/>	Employment Insurance <input type="checkbox"/>	Level Achieved
Female <input type="checkbox"/>	Married <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Income Assistance <input type="checkbox"/>	_____
					No Income <input type="checkbox"/>	
					Other: _____	

Aboriginal Ancestry First Nation Nisga'a Inuit
 Status Non-Status On-Reserve Off-Reserve Registry #: _____ Band: _____

Name of Program / Course: _____

Name of Training Institution: _____

Certificate / Diploma / Degree Obtained: _____

Start Date: _____ End Date: _____

BUDGET			OFFICE USE ONLY			
Course Costs	Request	Approved	EI ACTIVE	REACHBACK (RB)	CRF	YOUTH <input type="checkbox"/> CRF <input type="checkbox"/> RB
TOTAL COSTS						

OFFICE USE ONLY - RECOMMENDATION

Referral Approved Cost Share Not Approved Withdrawn Conditional Approval _____

CLIENT DECLARATION: I am aware legal action may be taken against me for making false statements or failing to inform TESTS 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 TESTS'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 TESTS 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 will provide receipts to TESTS for pre-approved program related purchases.
3. I am responsible for any costs incurred in excess of the agreed upon amount.
4. I am responsible to provide TESTS with a written evaluation of the program upon completion.
5. I will save TESTS 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.
6. I am responsible to provide interim/final reports as requested by TESTS.
7. I authorize TESTS to access my records if I fail to provide the interim/final reports as required.
8. I agree that information, related to this initiative, may be shared amongst participating Provincial Ministries, Federal Departments, TESTS, and Public/Private Training Institutions, organizations identified as being a partner to the training initiative/application of the client.
9. I agree to allow TESTS to use my likeness or image in the development and distribution of any TESTS promotional materials.
10. I will report to TESTS, 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 TESTS or its representatives. _____ Date _____

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

PERSONAL RELEASE AND CONSENT FORM

CONSENT FOR USE AND DISCLOSURE BY TRICORP

(Check the appropriate box)

For good and valuable consideration herein acknowledged as received, and by signing this release I hereby give my permission to be interviewed, photographed and/or videotaped by Tribal Resources Investment Corporation (TRICORP) (the "Material"), and consent to the use of such Material in any public forum and in any form or by any means for non-commercial use by TRICORP solely for purposes of illustrating how TRICORP's clients benefit from TRICORP's programs and initiatives.

I also consent to the use and disclosure of elements of my personal information contained in the Material, solely for purposes of illustrating how TRICORP's clients benefit from TRICORP's programs and initiatives.

Further, I give the right to edit, modify, add to and/or delete Material and make any other changes to the Material that TRICORP deems appropriate.

That the rights provided by this Agreement are perpetual and include the right to use the Material referred to above in any medium.

I understand that my participation is voluntary and there will be no additional fee paid to me by TRICORP for the rights to use this Material. I am aware that my refusal to participate will in no way negatively impact any future dealings I may have with TRICORP.

Signature*: Date:

*Signature of parent or guardian if participant is under the age of majority in province of residence.

Print Name here:

Address:

CONSENT FOR ADDITIONAL USE AND DISCLOSURE (Check the appropriate box)

- I also agree that TRICORP may share the Material with the Government of Canada for their use for the purposes of illustrating how the Government's programs and initiatives help Canadians.
- I also agree that TRICORP may share the Material with media outlets for use in their local, regional and/or national news broadcasts.

PROTECTION OF INFORMATION NOTICE

TRICORP is committed to ensuring compliance with the applicable privacy legislation. The information you provide is administered in accordance with the British Columbia's *Personal Information Protection Act* and other applicable legislation governing the protection of personal information under the control of TRICORP.