



Local Delivery Mechanism
53 Hwy 551 P.O. Box 333
M'Chigeeng, ON P0P 1G0
Phone 705-377-5362 Fax 705-377-4980

YEP Application 2021-2022

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

- Participant Information Form
- Consent to the Request and Release of information
- Updated Resume
- Status Card
- SIN Number
- COVID-19 Consent
- 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



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Participant Information Form

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



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Student Covid-19 Safety Measures Declaration

Student Covid-19 Safety Measure Declaration:

I, _____ declare that I am aware of the Covid-19 and have read and will adhere to all the **Covid-19 Safety Measures** that will be implemented by my employer.

Student's Signature: _____ Date: _____

MFN LDM Covid-19 Safety Measure Declaration:

I, _____ declare that I have advised the student of their responsibilities to ensure they are adhering to the Covid-19 Safety Measures that are being implemented by their employers.

LDM's Signature: _____ Date: _____