

ABORIGINAL SELF IDENTIFIER

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your local Employment and Assistance Office.

Purpose:

The Ministry of Social Development and Social Innovation would like to know if you are an Aboriginal person so the information can be used for the following purposes:

- to create programs and services better designed to meet the needs of Aboriginal persons and respect Aboriginal culture;
- to refer Aboriginal persons to programs and services better designed to meet their needs; and
- to determine how well ministry programs assist Aboriginal persons to find and keep jobs.

Completion of this form is optional and does not affect your eligibility for BC Employment and Assistance.

I agree to complete this form: Applicant: YES NO Spouse: YES NO

Question	APPLICANT	SPOUSE
1. Do you identify yourself as an Aboriginal person, that is First Nations, Métis or Inuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If you identify yourself as an Aboriginal person, are you:	<input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	<input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
3. If you identify as a First Nations person, are you registered under the Indian Act of Canada (i.e., a Status Indian)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Consent

I give permission to the Ministry of Social Development and Social Innovation to collect, use and disclose personal information about my Aboriginal status for the purposes described above.

Applicant Name:	Signature:	Dated: (YYYY MM DD)
Spouse Name:	Signature:	Date: (YYYY MM DD)