



## APPLICATION FOR PRE-EMPLOYMENT SUPPORT AND/OR MOBILITY ASSISTANCE

Please allow a minimum of 2 to 5 days for processing your application. All information must be completed in order to qualify for KKETS, certain criteria needs to be met.

Please fill out the following forms in order for your application to be processed;

- ◇ Application Form
- ◇ Client Consent Form
- ◇ Participant Information Form
- ◇ E.I. Verification Form

Also, attach copies which must accompany your application forms;

- ▶ A letter confirming job interview or job offer from your employer.
- ▶ Copy of Status Card
- ▶ Copy of SIN Card

**PLEASE NOTE:** Kiikenomaga Kikenjigewen Employment & Training Project Officer may be in contact with you to ask questions in regards to your request, ***no third party involvements*** will be allowed to inquire about your application, *this include parent, guardians, partners or friends*. Ensure that you provide phone number where you can be contacted.

Thank you.



# KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

## APPLICATION FORM

Last Name	First Name	Int.

**TYPE OF FINANCIAL ASSISTANCE SEEKING:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Target Wage Subsidy | <input type="checkbox"/> Purchase of training   | <input type="checkbox"/> Educational purposes |
| <input type="checkbox"/> Mobility Assistance | <input type="checkbox"/> Pre-employment Support | <input type="checkbox"/> Other: _____         |

Name of Program:		Duration of activity	Fr: D ___/M___/Y___ To: D ___/M___/Y___
Institution:		Attendance:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Location:		Length of activity	# hours ____ # weeks ____

**FINANCIAL REQUIREMENTS:**

Description	monthly/weekly costs	Total Amount	For Office use:
Allowance		\$	
Daycare		\$	
Travel		\$	
Rent/Accommodations		\$	
Bus Subsidy		\$	
Tuition/course costs		\$	
Books and/or Supplies		\$	
Other Materials		\$	
<b>Total Financial Support Request:</b>		\$	

When requesting for mobility and/or Pre-employment support, please attached letter of confirmation from employer

MOBILITY ASSISTANCE
Most economical means of transportation will be considered please select: <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Other: _____
Reason for request: <input type="checkbox"/> Travel to job interview <input type="checkbox"/> Relocation Allowance <input type="checkbox"/> Short-term Employment <input type="checkbox"/> Other: _____
Total amount of request: \$

PRE-EMPLOYMENT SUPPORT
Please select : <input type="checkbox"/> Start-up costs are at a maximum of \$250.00 (this is for purchase of safety equipment/uniforms) <input type="checkbox"/> Fixed costs are fees associated to obtaining CPR/criminal reference checks/etc. must provide receipts.
Total Amount requested: \$

I certify that the above information is accurate and true to the best of my knowledge. If funding is approved, I will adhere to Kiikenomaga Kikenjigewen Employment & Training Services policy guidelines. Failure to do so or knowingly providing false information will result in funding (if approved) being revoked.

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

# KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

## PARTICIPANT INFORMATION FORM

LAST NAME	FIRST	SECOND

<b>Address:</b>	<b>Apt# or P.O. Box:</b>
<b>City/Province:</b>	<b>Postal Code:</b>
<b>Home Phone #:</b>	<b>Other Contact #:</b>

<b>STATUS CARD NUMBER</b>	<b>FIRST NATION</b>	<b>Birth of Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>SOCIAL INSURANCE NUMBER</b>	<input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	<input type="checkbox"/> STATUS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> NON-STATUS
<input type="text"/>		D M Y

<b>Are you:</b> <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT	<b>EMAIL Address:</b> <input type="text"/>
<b>GENDER:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>LANGUAGE:</b> <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OJIBWAY <input type="checkbox"/> CREE <input type="checkbox"/> Other: <input type="text"/> <i>Speak Write Read</i>

### MARITAL STATUS:

<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW	<b>Is your partner:</b> <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT
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If you have dependants, please list their age: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

### CURRENT FINANCIAL VERIFICATION

PLEASE CHECK appropriate box on your Current Income Benefit: Please indicate amount: \$ _____ (monthly)	
<input type="checkbox"/> Canada pension	<input type="checkbox"/> Employment Insurance
<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Social Assistance
<input type="checkbox"/> Private Insurance	<input type="checkbox"/> No Income Benefit
<input type="checkbox"/> Family Benefits	<input type="checkbox"/> Other
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of license: _____	Do you own or have access to transportation? <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Other: _____
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No Preference: _____	Do you consider yourself to be a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No (i.e. Asthma, Diabetes, Arthritis, Lupus, etc.) If so please specify: _____

### EDUCATION INFORMATION

Did you complete? High school: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Level: _____ Last Year attended: _____
Did you attend a Post Secondary Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify:
<input type="checkbox"/> College (Certificates/Diploma)	<input type="checkbox"/> University (Degree/BA, B.Ed)
<input type="checkbox"/> Masters Degree	<input type="checkbox"/> Doctorate
Course/Program: _____	Year: _____
Institution: _____	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No

# KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

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## CONSENT TO REQUEST AND RELEASE INFORMATION

In compliance with the legislated Personal Information protection Act, consent, by signing this form, is required by clients for the collection of personal information which will be used solely for the purpose of the following, and at no time will this information be disclosed and used for any other purpose, unless the client agree and Kiikenomaga Kikenjigewen obtains another signed consent form from clients:

To administer and evaluate the effectiveness of the Kiikenomaga Kikenjigewen Employment & Training Services (KKETS) programs and services, personal information about the client is request by Service Canada (HRSDC), Primary Funding Agencies and Organizations providing training (training deliverers).

Other organizations as described below may be contacted in order to obtain appropriate facts, which aid in making informed decisions.

1. To confirm a client's request for funds, information may be required directly from;
  - a) The federal government about exhausted Employment Insurance Benefits or current status on Employment Insurance claim, and childcare subsidies
  - b) Ministry of Community and Social Services, First Nation or municipality welfare office about receipt of social assistance,
  - c) Workers' Safety Insurance Board or other disability insurers about receipt of Workers Safety Insurance Board, d) other relevant agencies.
2. Information will be required when individuals' origin is outside the KKETS area but the client resides in the KKETS area and is requesting financial assistance. Information may be requested from other primary funding agencies in other provinces when a client is requesting financial assistance and he/she originates from that province but is living in the KKETS area or vice versa.
3. Verification of First Nation status and affiliation must occur prior to assessment of request. This information will be confirmed by a KKETS staff member and a First Nation Membership Clerk/Band Administrator
4. Participant information may be provided to employer when making referrals for potential jobs
5. Clients may be referred to other partner agencies or organizations to access other services.
6. Should I be successful in obtaining funding from KKETS, I will allow KKETS to publish my name as a participant on a project funded through KKETS.

I have read this document, or have had this document read to me, and fully understand the above notice and do consent to the collection, disclosure and use of my personal information as described herein

I, \_\_\_\_\_  
(Name of Individual) Print Name

\_\_\_\_\_  
Social Insurance Number

For which purpose my personal information has been requested by and may be disclosed to:  
Kiikenomaga Kikenjigewen Employment & Training Project Officer

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

**KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES**

Aboriginal Skills Employment & Training Strategy  
**Client Authorization and Verification**

<b>LAST NAME</b>	<b>FIRST</b>	<b>SECOND</b>

<b>Address:</b>	<b>Apt# or P.O. Box:</b>
<b>City/Province:</b>	<b>Postal Code:</b>

<b>SOCIAL INSURANCE NUMBER</b>									<b>DATE of BIRTH</b>	<b>D</b>	<b>M</b>	<b>Y</b>
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Are you presently working (part-time, temporarily, casual, on call, full time)?  **YES**  **NO**

***NOTICE: Generally, if you are employed, you cannot quit a job to participate in a labour market program funded under an Aboriginal Skills Employment & Training Strategy (ASETS)***

Are you presently in receipt of Employment Insurance (E.I.) benefits?  **YES (go to A)**  **NO (go to B)**

**A)** Did you work during your E.I. claim?  **YES**  **NO**

If **YES**, please tell us why you are no longer working (or are you still working?):  
\_\_\_\_\_

**B** Have you worked in the last 52 weeks?  **YES**  **NO**

If **YES**, please file an application for E.I. benefits along with this form and the Record(s) of Employment. Your application will be given priority.

I hereby authorize Aboriginal Skills Employment & Training Strategy (ASETS) to release information about the status and benefit rate of my Employment Insurance claim to the organization or person identified below in order to determine my eligibility to an Aboriginal Skills Employment & Training Strategy (ASETS) program and income supports. This authorization will remain in effect unless I give written instruction to cancel the release of information.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_