



## APPLICATION FOR TRAINING FUNDS

Please allow a minimum of 4 to 6 weeks for processing your application prior to the beginning of your training course. All information must be completed in order to qualify for KKETS sponsored training program, 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
- ◇ Training Plan Questionnaire
- ◇ Participant Information Form
- ◇ E.I. Verification Form

Also, attach **copies** which must accompany your application forms;

- ▶ A letter from an Employer that will provide employment after your training
- ▶ A letter of Acceptance from Training Institute
- ▶ Cover letter and Resume
- ▶ 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>																	
<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												_____	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> </tr> </table>				D	M	Y
D	M	Y																	
<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																	
<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																			

**Are you:**  EMPLOYED  UNEMPLOYED  STUDENT      EMAIL Address: \_\_\_\_\_

GENDER:  M  F      LANGUAGE:  ENGLISH  FRENCH  OJIBWAY  CREE  Other: \_\_\_\_\_ *Speak Write Read*

**MARITAL STATUS:**

SINGLE  MARRIED  COMMON-LAW      Is your partner:  EMPLOYED  UNEMPLOYED  STUDENT

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)

Canada pension       Employment Insurance       Private Insurance       Family Benefits  
 Workers Compensation       Social Assistance       No Income Benefit       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:  Yes  No      Highest Level: \_\_\_\_\_ Last Year attended: \_\_\_\_\_

Did you attend a Post Secondary Program?  Yes  No      If yes, please specify:  
 College (Certificates/Diploma)       University (Degree/BA, B.Ed)       Masters Degree       Doctorate

Course/Program: _____	Year: _____
Institution: _____	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No

# KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

---

## 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

LAST NAME	FIRST	SECOND

<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>
--------------------------------	--	--	--	--	--	--	--	----------------------	----------	----------	----------

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

KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

**TRAINING QUESTIONNAIRE**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

All clients of Kiikenomaga Kikenjigewen Employment & Training Services must complete a questionnaire. By doing so, this will ensure that the Project Officers can better assist you in making your future goals as successful as possible. This form must be completed in full that applies to your situation. Failure to complete the questionnaire in full will delay the processing of your application.

For the purpose of this form, a person with a disability is one who, because of a long term recurring physical or mental condition, experiences difficulties in carrying out the activities of daily living. Do you require accommodations in the training or workplace resulting from a disability?  YES  NO  
(if yes) please describe the requirements:

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

**EDUCATION HISTORY:**

1. What is the highest grade you have completed: \_\_\_\_ 2. What year did you attended school: \_\_\_\_\_
3. Name of School attended: \_\_\_\_\_
4. Have you attended a Post Secondary Institution?  YES  NO (if no go to next section)
5. When was the last year you attended the post secondary? \_\_\_\_\_
6. Name of Post Secondary Institution: \_\_\_\_\_
7. Name of program course: \_\_\_\_\_  
Did you complete?  YES  NO  
If YES; name Diploma/Degree obtained; \_\_\_\_\_  
If NO, reason for not completing; \_\_\_\_\_
8. Upon completion of your post secondary education, did you obtain work?  YES  NO  
Please describe: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

1. Please list your past three employers:  
Name of previous or current employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_  
Description of job duties: \_\_\_\_\_  
\_\_\_\_\_

## KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

---

Name of previous or current employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of job duties: \_\_\_\_\_

---

Name of previous or current employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of job duties: \_\_\_\_\_

---

2. What type of employment are you seeking?  Full Time  Part Time  Temporary  Seasonal
3. If you are unemployed, what type of job search efforts have you made to find work in your current field?
- 

4. If your job requires you to move, please answer the following:

Will your family move?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have accommodations secured?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have money saved to relocate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you already researched the potential jobs in that area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you researched the cost of living for that area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you feel you have the financial resource to move?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5. Do you have a driver's license?  YES  NO If YES, Class: \_\_\_\_\_

6. If NO, does the job you are planning to take require you to have a valid drivers licence?  YES  NO

If yes, what steps are you prepared to take to obtain your drivers licence: \_\_\_\_\_

---

7. Do you have access to reliable transportation  YES  NO type: \_\_\_\_\_

If NO, will you be able to make arrangements to get to your training course? Please specify: \_\_\_\_\_

---

---

**KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES**

---

**TRAINING HISTORY:**

1. Please list all completed training courses: ex. Heavy Equipment Operator etc.

Course	Training Provider	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Upon completion of your training courses taken, were you able to obtain work or was it work related?  
\_\_\_\_\_

3. Why are you interested in training at this time? \_\_\_\_\_

4. What course are you interested in? \_\_\_\_\_

5. What type of work do you feel this training will prepare you for? \_\_\_\_\_  
\_\_\_\_\_

6. What are the entrance requirements for the course (ex. Grade 10/12) \_\_\_\_\_

7. Do you meet the course requirements? \_\_\_\_\_

If not, what steps are you prepared to take to meet the course requirements: \_\_\_\_\_  
\_\_\_\_\_

8. What is the cost of the course? \_\_\_\_\_

9. How long is the course and how many hours per week you must attend? \_\_\_\_\_

Please attach information on the course.

10. Child care needs (if applicable)

Will you requiring child care needs while you are on the program?  YES  NO  Not Applicable

If yes, do you have confirmed arrangements to address child care needs while on the program?  
\_\_\_\_\_

If no, how do you plan to go about addressing your child care needs before committing to the program?  
\_\_\_\_\_

---

**DECLARATION**

I, \_\_\_\_\_ hereby declare that the information provide is true and complete to my knowledge and I understand a false statement may disqualify me. I acknowledge that I am providing this information in connection with my participation in Kiikenomaga Kikenjigewen program & services.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

## KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

---

### **EMPLOYMENT RESEARCH:**

In order to complete this section of the questionnaire, you must contact an employer or an individual who is employed in this field of work. Please fill out form to conduct your interviews with potential employers;

Name of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Results of contact: \_\_\_\_\_  
\_\_\_\_\_

Name of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Results of contact: \_\_\_\_\_  
\_\_\_\_\_

*(Suggestions for questions: Are you hiring in the future? What qualification are you looking for in order hire an employer? Etc.)*

After interviewing the employers, please answer the following questions that may assist you if this is the right training for you to pursue?

1. What is your employment goal? \_\_\_\_\_

2. How long have you been thinking about getting into this field? \_\_\_\_\_

3. What are the details of work: (what do you know about the work tasks/activities involved?)  
\_\_\_\_\_

4. Working conditions? \_\_\_\_\_

5. Starting hourly salaries? \_\_\_\_\_

6. Is the work:  Seasonal  Full time year round  Part-time year round  Temporary  On-call

7. What hours of work are required?  Shift works  No shift work  Weekends  Days  Nights  Evenings

8. Are there special clothing or tools required? \_\_\_\_\_

9. Are there opportunities for advancement? \_\_\_\_\_

10. Now that you have spoken with a person in this job, what aspects about the job do you like? \_\_\_\_\_  
\_\_\_\_\_

11. What aspects of the job do you not like? \_\_\_\_\_

12. What type of job search methods will you use to find employment? Please check

Newspaper ads or articles  Internet

Employment agencies  Networking

Other:

## KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

### PREPARING A REALISTIC BUDGET

One of the major areas of concern for many people when deciding whether or not to consider training as a realistic option is their financial status. The best ways to deal with this concern is to analyze your finances and prepare a budget. This will give you a sense of control while allowing you to focus your energy on your training program. You are not expected to share details of information with your Employment Community Coordinator or Project Office but expect to address any questions regarding your commitment taking into account your financial situation.

#### Monthly Income:

1	Employment Insurance Benefits:	\$
2	Spouse's Income:	\$
3	Family Benefits:	\$
4	Part-time Employment:	\$
5	Ontario Works:	\$
6	Other Income Sources:	\$
<b>TOTAL INCOME:</b>		\$

#### Monthly Expenses:

1	Rent/Mortgage	\$
2	Heating/Utilities/Gas	\$
3	Telephone/Cable/Internet	\$
4	Groceries	\$
5	Transportation/Maintenance Costs: Car/bus expenses	\$
6	Insurances (life/car/house)	\$
7	Daycare costs	\$
8	Loans	\$
9	Medical costs; Dentist/Optician/prescription/etc	\$
10	Clothing	\$
11	Miscellaneous	\$
<b>TOTAL EXPENSES BEFORE TRAINING:</b>		

## KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

---

During your Training, What are the additional Expenses that you will have to incur in order to successfully complete the training program?

Daycare Costs	# of Children & cost per day	\$
Transportation	Own Vehicle	\$
	Bus Transit	\$
	Airfare	\$
	Other	\$
Living away expenses		\$
Training uniform/clothing		\$
Accommodations		\$
Other related costs		\$
<b>Estimated Additional costs while in training:</b>		\$

If you have any questions or comments please provide: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_