



F O R T W I L L I A M F I R S T N A T I O N

EMPLOYMENT AND TRAINING

Application for Training Funds

Please allow a minimum of 4-6 weeks for processing your applications prior to beginning of your training course. All information must be completed in order to qualify for Fort William First Nation Employment and Training sponsorship, as certain criteria needs to be met.

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

- Participant Information Form
- Client Consent Form
- E.I. Verification Form
- Application Form
- Occupation Goal and Research Questionnaire (To be filled out with Employment Counsellor)

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: The Fort William First Nation Employment and Training Coordinator may be in contact with you to ask questions in regards to your request. Ensure that you provide a telephone number where you can be contacted.



Application with: _____ Date of Application: _____

PERSONAL INFORMATION FORM:

Last Name, First Name:			
Date of Birth:			
Band Name:		Status Number:	
Please Check One:	<input type="radio"/> Status <input type="radio"/> Metis <input type="radio"/> Inuit <input type="radio"/> Non-Status		
ON/OFF Reserve:	ON RESERVE OFF RESERVE	Social Insurance Number:	
Gender:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unspecified		
Address:			
City:		Province:	
Postal Code		Contact Number:	
Cell Number:		Email Address:	

LABOUR FORCE ATTACHMENT:

Are you: <i>Please check one</i>	<input type="radio"/> Employed Full-time <input type="radio"/> Employed Part-time <input type="radio"/> Unemployed <input type="radio"/> Self-Employed <input type="radio"/> Student	Do you have a Drivers Licence?	YES NO	Class: _____
Current Employment:				
Do you have access to Transportation?	YES NO	Are you willing to relocate?	YES NO	
Do you consider yourself to be a person with a disability? If so, please specify:	YES NO			

EDUCATION:

Did you complete high school?	YES NO	Highest Level Completed:		Last year attended:	
Did you attend a Post-Secondary Institute?	YES NO	If so, please specify:	<input type="radio"/> College <input type="radio"/> University	Year:	
Name of Institute: Course/Program:					
Completed:	YES NO				

MATRIAL STATUS/DEPENDENTS

Are you: <i>Please check one</i>	<input type="radio"/> Single <input type="radio"/> Married/Common Law				
Is your Partner: <i>Please check one</i>	<input type="radio"/> Employed <input type="radio"/> Student <input type="radio"/> Unemployed				
Do you have dependent children?	YES NO	If so, how many dependents?		Do you require childcare?	YES NO

CURRENT FINANCIAL VERIFICATION

Please Check appropriate box on your current income benefit:	\$ _____ (monthly)
<input type="radio"/> Employment <input type="radio"/> Workers Compensation <input type="radio"/> Employment Insurance <input type="radio"/> Partner Employment <input type="radio"/> Social Assistance <input type="radio"/> Family Benefits	



**Employment and Training
Consent to Request and Release Information**

Fort William First Nation Employment and Training obtains information on participants prior to starting an intervention. The collection of personal information is required for the purpose of administering and evaluating the effectiveness of the Employment and Training Program. Information is requested by Service Canada, Primary Funding Agencies, Organizations providing training and the Employment Insurance Act.

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

I _____ consent to the release of information between any representative of Fort William First Nation Employment and Training and the representative for the following agencies regarding my educational, training or employment-related activities:

- 1. Service Canada
- 2. Employment Ontario/MTCU
- 3. Union of Ontario Indians
- 4. Training Institution: _____
- 5. Social Services: _____
- 6. First Nation: _____
- 7. Other L.D.M.: _____
- 8. Employer: _____
- 9. Other: _____

As a sponsoring agent, Fort William First Nation requires any information in regarding the training course duration, attendance, academic performance, or any other information required by Fort William First Nation. Any exchange of information will remain confidential between all parties noted above.

Dated at _____, this _____ day of _____ 20____

Participants Signature

Signature of Witness



**Employment and Training
CLIENT AUTHORIZATION AND VERIFICATION**

First Name	Middle Name	Last Name

Address	
City & Province	
Postal Code	

Social Insurance Number	Date of Birth

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 Indigenous Skills Employment & Training Strategy (ISETS).*

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 of Employment. Your application will be given priority.

I hereby authorize Indigenous Skills Employment & Training strategy (ISETS) to release information about the status and benefit rate of my Employment Insurance Claim to Fort William First Nation Employment & Training in order to determine my eligibility to an Aboriginal Skills Employment & Training (ASETS) program and income supports. This authorization will remain in effect unless I give written instruction to cancel the release of information.

Signature

Date

Witness

Date



Purchase of training for: _____
(Participant's name)

This application form is for eligible Fort William First Nation members who are unemployed and are experiencing difficulty finding and keeping ongoing employment and/or are seeking assistance under the program provided

Eligibility

To be eligible for assistance:

Unemployed Fort William First Nation Members with no income, or those in receipt of Social Assistance or Unemployed / Underemployed Fort William First Nation Members for whom an EI benefit period has been established, or whose EI benefit period ended within the last 36 months. FWFN Members who are re-entering into the labour force after having left to care for a newborn or adopted child must have a benefit period that began within the last 60 months and included a maternity or parental claim under Section 58 of the Employment Insurance Act. Fort William First Nation Members requiring work-related training/skills development, and whose intention is to secure and maintain full time employment relevant to their skill sets, training and/or education. You must use this application to make your request for assistance. The date your completed application is received by the FWFN LDM Coordinator and/ or FWFN Employment Approval Committee is when you are considered to have requested assistance.

General Information

Specific documentation must accompany this application. See Section of Course Information for a complete list of what you will need. Before the FWFN LDM Coordinator and/or FWFN Employment Approval Committee can assess your application, it will be necessary for you to receive a needs determination/assessment and develop a Return-To-Work Action Plan (RTWAP) with the FWFN LDM Coordinator. Your application for assistance must be approved by the FWFN LDM Coordinator and/or FWFN Employment Approval Committee before you begin any course. You will not be approved for assistance if you have started a course prior to making this application.

Privacy and Access to Information

Information on this form is collected under the authority of the Employment Insurance Act, and is to be used for the administration of the employment benefit to which you have applied. The information collected may be shared with the Canada Revenue Agency and/or the Department of Justice for the purposes of administering the Income Tax Act and/or the Family Orders and Agreements Enforcement Assistance Act. The information will also be shared with Social Development Canada to administer the Employment Insurance Act. Your personal information is administered in accordance with the Employment Insurance Act and the Privacy Act. You have the right to the protection of, and access to, your personal information. Instructions for obtaining this information are outlined in the government publication, entitled Info Source, a copy of which is located at all Human Resources Centers. Info Source is also available at the following Web site address, <http://infosource.gc.ca>.

Notice to Agreement

Participants are responsible to provide FWFN LDM Coordinator with supporting documentation, attendance sheets and/or progress reports as set out by this agreement. All contributions for approved training covered by this application will not be processed without the required supporting documentation, attendance sheets and/or progress reports. The participant of this application agrees to terms of repayment for any default of this agreement set out by Fort William First Nation.

Please sign below acknowledging that you have read or been read the following and understand the contents of the document

Signature

Date

Witness

Date



**Employment and Training
Occupation Goal and Research Questionnaire**

1. What is your occupational/career goal?

2. Do you have any experience/background in this field?

Yes No

Please explain:

3. What options, in addition to institutional training have you considered in order to achieve your goal?

4. Why do you feel that this training is the best option to achieve your goal?

5. Have you researched the labour market in relation to employment opportunities in the field in which you wish to pursue skills training? Please outline the results of your research:



Do you, the applicant, owe any amounts that are in default to the Government of Canada under legislation or contribution agreements?

YES NO

If yes, please provide the following information:

Amount in Default Owing:	
Nature of the Amount in Default Owing: (taxes, penalties, overpayments etc.)	
Name of Government Department or Agency to Which the Amount in Default is Owed:	

For any other declarations please attach.

Do you, the applicant, owe any amounts that are in default to Fort William First Nation?

YES NO

If yes, please provide the following information:

Amount in Default Owing:	
Nature of the Amount in Default Owing: (e.g. Education, Ontario Works, Employment & Training.)	

For any other declarations please attach.

I certify that the information is true and correct to the best of my knowledge and claimed in accordance with the agreement

Applicants Name	Applicants Signature	Date

FWFN LDM Staff	Position	Signature	Date

Approved: YES NO

FWFN Employment Committee Representative	Signature	Date

If this application has not been approved has an appeal process been provided to the applicant?

YES NO



**Employment and Training
Statement from LDM Coordinator**

Date: _____

Statement from LDM Coordinator:

I, _____, working for Fort William First Nation LDM have completed an assessment of this client's employment situation and agree or disagree (circle the one that applies) that the training applied for is the most appropriate to assist the client in obtaining employment for the following reasons:

I/We certify that the information is true and correct to the best of my knowledge and claimed in accordance with the agreement.

Prepared by: _____ / _____ / _____
Print Name *Signature* *Date*



**Employment and Training
Photography Release Form**

I _____ hereby grant to Fort William First Nation Employment and Training Department, the right to photograph me and to record my voice, performances, actions and appearances and to use my picture, photograph, silhouette and other reproductions of my physical likeness.

I hereby grant to Fort William First Nation Employment and Training Department, its successors, assigns and agents the perpetuity rights to use, and you may desire, all still and motion pictures and sound track recordings and records which you make of me or of my voice, and the right to use my name or likeness.

I agree that I will not assert or maintain against Fort William First Nation Employment and Training Department, your successors, assigns and licensees, any claim, action, suit or demand of any kind whatsoever, including but not limited to those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any reason in connections with your authorized use of my physical likeness and sound.

I hereby certify that I am of the age of 18 years or older and have read the forgoing and fully understand the meaning and effect therefore.

Please print name and sign.

Name

Signature

____/____/____
Date

Name of Witness

Signature of Witness

____/____/____
Date