

ISET APPLICATION FOR FUNDING

DOCUMENT CHECKLIST

Please read before beginning application. Submit the following documents with your application. Check each box once you enclose the documents.

Failure to provide a fully completed application and the necessary documents will result in delayed processing of your application.

POST SECONDARY EDUCATION

- Application, **fully completed, signed and dated.**
- Direct deposit authorization form.
- Student Enrollment Form is to be completed each semester.
- Funding Letter (Student Financial Assistance (SFA) or other) if applicable.
- Student Financial letter of denial.
- Official Transcripts (to be submitted each semester – unofficial transcripts will not be accepted).
- Institution Letter (Program/Course acceptance letter).
- Updated Resume.
- Lease/Mortgage documents (if you are applying for housing allowance).
- Health Care and Picture Identification for applicants and Health Care for dependents.
- Copy of Inuvialuit Enrollment Card or Letter from the Deputy Registrar.

WORKPLACE READINESS

- Application, **fully completed, signed and dated.**
- A Career Plan must be completed with the Career Development Officer.
- Direct deposit authorization form.
- Institution Letter (Program/Course acceptance letter).
- Updated Resume.
- Health Care and Picture Identification for applicant and Health Care for dependents (if applicable).
- Copy of Inuvialuit Enrollment Card or Letter from the Deputy Registrar.
- Upon Completion you must provide a copy of any certification received.

EDUCATION AND TRAINING DEADLINES

Fall Semester: July 15th Winter Semester: November 15th Spring Semester: March 15th
 Summer Semester: April 15th Short Program/Courses: One month prior to start of training

CONTACT INFORMATION

In Person: 107 Mackenzie Road Fax: (867) 777-4506 Email: education@inuvialuit.com

ISET APPLICATION FOR FUNDING

Personal Information					
SIN#:		Last Name:			
First Name:		Middle Name:			
Phone:		Email:			
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified			
Age Group: <input type="checkbox"/> 15-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51+					
Do you identify as a person with a disability: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Marital Status ▼					
<input type="checkbox"/> Married or Equivalent <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
If married or Equivalent, please provide spouses name: _____					
Please indicate if spouse is: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____					
Current Home Address ▼					
Street	PO Box	Apartment No.	Community	Territory/Province	Posta Code
Indigenous Identification					
<input type="checkbox"/> Inuit Enrolment # ► _____					
Community Corporation Membership ▼					
<input type="checkbox"/> Aklavik <input type="checkbox"/> Inuvik <input type="checkbox"/> Paulatuk <input type="checkbox"/> Sachs Harbour <input type="checkbox"/> Tuktoyaktuk <input type="checkbox"/> Ulukhaktok <input type="checkbox"/> Outside ISR					
Languages Spoken: ▼					
<input type="checkbox"/> Indigenous Language Only <input type="checkbox"/> English Only <input type="checkbox"/> French Only <input type="checkbox"/> Indigenous Language and English					
<input type="checkbox"/> Indigenous Language and French <input type="checkbox"/> English and French <input type="checkbox"/> Indigenous Language, English and French <input type="checkbox"/> None of the Above					
Valid Driver's License: ► <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes ►	Territory/Province	Expiry Date	Class		

Dependent Information (only one parent may claim dependent(s) 18 years and under)			
Name (first and Last)	Date of Birth	Relationship	Living with me Yes/No

Labour Force Status at Intake		
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Not Ready to Work <input type="checkbox"/> Ready to Work <input type="checkbox"/> Unable to Work		
Are you receiving any of the following: ▼		
<input type="checkbox"/> Income Assistance within last 3-5 years <input type="checkbox"/> Employment Insurance <input type="checkbox"/> EI within the last 3-5 years		
Education		
What is the highest level of education you have achieved: <input type="checkbox"/> No formal education <input type="checkbox"/> Up to Grade 7-8 <input type="checkbox"/> Grade 9-10 <input type="checkbox"/> Grade 11-12 <input type="checkbox"/> Secondary School Diploma or GED <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> Apprenticeship or trades certificate or diploma <input type="checkbox"/> College, CEGECP or other non-university <input type="checkbox"/> University Certificate or Diploma <input type="checkbox"/> University – Bachelor’s Degree <input type="checkbox"/> University – Master’s Degree <input type="checkbox"/> University - Doctorate		
Certificate or Trade Licenses		
Are you an Apprentice: <input type="checkbox"/> YES <input type="checkbox"/> NO Are you a Journeyman: <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Trade:	Registered/Certified in which province/territory?

Proposed Training Activity (Institution and Program Applied For)	
Institution ►	Location ►
Program Course ►	Accepted ► <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING
<input type="checkbox"/> License <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Short Course <input type="checkbox"/> In Class <input type="checkbox"/> On-line <input type="checkbox"/> Blended Class/On-line	
Start Date: _____ End Date: _____	
Number of Days: _____ Number of Weeks: _____ Number of Years: _____ Year ___ of ___	

Budget Plan (for estimation purposes only, must be filled out)

Item	Cost
Course Costs (tuition/student fees) ▶	
Books & Materials ▶	
Travel ▶	
Rent (including utilities) ▶	
Groceries/Cleaning ▶	
Dependent Care ▶	
Ground Transportation ▶	
WIFI ▶	
Total Estimated Cost ▶	

Employment Goal

What is your long-term career plan?

Career Decision Making

What steps are you taking to reach your career goal?

1. _____
2. _____
3. _____

If approved for training, will the training lead directly to employment and with which employer?

Job Search/Employment Maintenance

Are you able to:

- | | | |
|--|------------------------------|-----------------------------|
| Prepare your own cover letter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prepare your own resume | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prepare for an interview | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require assistance with these activities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Barriers

What are the barriers that prevent you from obtaining/maintaining your employment goal?

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Lack of driver's license | <input type="checkbox"/> Criminal record | <input type="checkbox"/> Lack of education/skills | <input type="checkbox"/> Lack of childcare |
| <input type="checkbox"/> Lack of housing | <input type="checkbox"/> Addictions | <input type="checkbox"/> Work ethic/attitude | <input type="checkbox"/> Punctuality | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Lack of work experience | <input type="checkbox"/> Resume Presentation | <input type="checkbox"/> Lack of personal protective equipment | | |

APPLICANT DECLARATION AND CONSENT

CONSENT CLAUSE, DECLARATION AND RELEASE OF INFORMATION

(to be completed by student/trainee)

1. I consent to and authorize the release of any personal information by my employer, banks or other financial institutions, mercantile organizations, aboriginal organizations, educational institutions and by federal, provincial, territorial and municipal government departments and agencies, including the Canada Customs and Revenue Agency to the Inuvialuit Regional Corporation. My personal information will be used to determine my initial and continued eligibility for funding and for the effective and efficient general administration and enforcement of the IRC Indigenous Skills Employment Training (ISET) Program.
2. In addition, I consent to and authorize the Inuvialuit Regional Corporation to the release of any personal information to any aboriginal organizations and/or federal, provincial, territorial and municipal government departments and agencies to assist me in the purpose of the effective planning, development, delivery and monitoring of the IRC ISET Program.
3. I understand that “personal information” means and includes:
 - my name, home or business addresses or home and business telephone numbers,
 - my national or ethnic origin.
 - my age, sex, marital status or family status, and date of birth,
 - my financial status and history.
 - any identifying numbers, symbol or other self-identifying assigned to me such as my social insurance number, health care card number, or personal identification number.
 - information about my educational or employment status and history.
4. I understand that the personal information that may be released to banks or other financial institutions, mercantile organizations, aboriginal organizations, government organizations and educational institutions are:
 - my name, home or business addresses or home and business telephone numbers.
 - my national or ethnic origin.
 - my age, sex, marital status or family status, date of birth; and
 - my financial status and history.

I agree to provide such additional consent to the release of my personal information as may be required from time to time by the Inuvialuit Regional Corporation.

DECLARATION

I declare that the information submitted in this form and appendices are correct to the best of my knowledge. I agree to:

- use any funding received from the IRC ISET Program funds towards the cost of my education and return any refunds of tuition or other fees and any IRC Employment and Training funding that I am not entitled to.
- immediately notify the IRC ISET Program staff if I change my status as a full-time student in an approved program, my study period, my marital status, the status of my dependents or financial status, any changes to my address(s), phone numbers and bank accounts.
- provide information or documents requested by the IRC ISET Program staff to verify any statement made in this application; and
- to follow the terms and conditions of any funding documents that I may receive.

I understand that:

- all training funds are considered income under the Income Tax Act (Canada). IRC is obligated to report the amount of the Contribution on a T4A, provide the T4A to me, and I am required to include the amount of the Contribution when computing my income for the fiscal year.
- I may have to repay my financial assistance now or in the future to the Inuvialuit Regional Corporation if there are changes to my financial, marital, dependents or my status as a full-time student in an approved program.
- I may be denied financial assistance now and, in the future, if:

- I make false or misleading statements in this application.
- I do not comply with a request from the IRC ISET Program to provide information or documents so that information in this application may be verified.
- my eligibility for IRC ISET Program funds may be affected by income that I, or my spouse, receive from other sources; and
- I have an outstanding debt to the Inuvialuit Regional Corporation or its affiliates or to other funding agencies.

I consent to and authorize the release of any personal information by Inuvialuit Regional Corporation. My personal information may be used for effective planning and delivery of career development and employment initiatives of the IRC Education and Training Division.

Student Signature

Date

IRC ISET Signature

Date