



INDIGENOUS SKILLS EMPLOYMENT TRAINING (ISET) PROGRAM TRAINING ON THE JOB

Employer Application

Business Name:			
Business Mailing Address:			
Community:		Territory/Province:	
Postal Code:			
Business Telephone:	Business Fax:	Business Type:	Business License (attach):
Contact Person:			
Telephone:	Fax:	Email Address:	
Have you accessed this program before? <input type="radio"/> Yes <input type="radio"/> No If "Yes", when? _____ to _____			

Trainee Position:	
Why do you want a trainee? Please provide your <u>rationale</u>:	
Trainer Name:	Trainer's Qualifications (attach):
Trainee's Name:	Has this Trainee been on a previous program? <input type="radio"/> Yes <input type="radio"/> No If "Yes", when? _____
Brief Background of Trainee:	

	Is the trainee an apprentice? <input type="radio"/> Yes <input type="radio"/> No If "Yes", at what apprentice level? 1 2 3 4
	<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> _____ Estimated Start Date _____ Estimated End Date </div>

Trainee Wage / hour \$	Hours per week	Number of Weeks	Total Wages \$	15% Merc	Total \$	Percentage Funded %
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Learning Objectives:

What skills, abilities and knowledge will the Trainee acquire and be able to demonstrate at the end of the training period?

1. _____
2. _____
3. _____
4. _____
5. _____

Training Methodology: (OR ATTACH A SEPARATE TRAINING PLAN)

Describe what tasks and how the trainee will be learning in the time period that you have chosen (i.e. week, month, quarter). Divide the training into as many periods that will be practical. Add additional pages as necessary.

TRAINING PERIOD	TOPICS	TRAINING METHODS	EVALUATION METHODS

Training Facility:

Please indicate what resources the training facility has that will ensure an adequate training experience.

Other Funding Sources:

Please list any agencies that you are receiving funding for this training plan

Comments:

Signature of Employer Representative

Date

Name of Employer Representative (please print)

OFFICE USE:

APPLICATION RECEIVED DATE		APPROVAL DATE	
ISET CASE MANAGER		CODING	