



Date Received: \_\_\_\_\_

EI  CRF  Active Claim

## INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM 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.**

#### WORKPLACE READINESS

- Application, fully completed, signed and dated*
- Confirmation of Beneficiary Registration/Enrolment*
- Updated Current Resume*
- Institution's Letter of Acceptance*
- Program/Course Fees*
- Banking Direct deposit authorization form*
- Health Care and Picture Identification for applicant and Health Care for dependents (if applicable).*
- Upon Completion you must provide a copy of any certification received.*

#### EDUCATION AND TRAINING DEADLINES

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](mailto:education@inuvialuit.com)

## ISET WPR APPLICATION FOR FUNDING

Personal Information	
<b>SIN#:</b>	<b>Last Name:</b>
<b>First Name:</b>	<b>Middle Name:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Date of Birth:</b> Day/      Month/      Year/	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified
<b>Do you identify as a person with a disability:</b> <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	Postal Code

Next of Kin ▼		
Name	Relationship	Contact #

Indigenous Identification
<input type="checkbox"/> Inuit      IRC 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

**Employment Status at Time of Application**

Employed   
 Unemployed   
 Student   
 Not Ready to Work   
 Ready to Work   
 Unable to Work

Are you receiving any of the following: ▼

Income Assistance within last 3-5 years   
 Employment Insurance   
 EI within the last 3-5 years

**Education**

What is the highest level of education you have achieved:

- No formal education   
 Up to Grade 7-8   
 Grade 9-10   
 Grade 11-12  
 Secondary School Diploma or GED   
 Some Post-Secondary   
 Apprenticeship or trades certificate or diploma  
 College, CEGECP or other non-university   
 University Certificate or Diploma  
 University – Bachelor’s degree   
 University – Master’s Degree   
 University - Doctorate

**Certificate or Trade Licenses**

Are you an Apprentice:     YES     NO

Are you a Journeyman:     YES     NO

Name of Trade:

Registered/Certified in which province/territory?

**Program/Course Information**

Institution ▶

Location ▶

Program Course ▶

Accepted ▶     YES     NO     PENDING

License   
 Certificate   
 Apprentice Level \_\_\_\_   
 Other \_\_\_\_\_

Short Course   
 In Class   
 On-line   
 Blended Class/On-line

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Number of Days: \_\_\_\_\_ Number of Weeks: \_\_\_\_\_

## 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 ▶	
<b>Total Estimated Cost ▶</b>	

## Employment Goal

What is your long-term Employment Goal (What do you want to do)?

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## Career Decision Making

What steps are you taking to reach your career goal?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## 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

\_\_\_\_\_  
ISET WPR Coordinate Signature

\_\_\_\_\_  
Date