

INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAMS ISETP APPLICATION

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OFFICE USE ONLY: FUNDING APPROVAL:	YES	NO	MAYBE	(please circle one)
X		<u>X</u>		
-				
X		<u>Commen</u>	<u>ts:</u>	
Program Coordinator				
Frances Bull-Strongman Manager X Ally Bull Program Coordinator		Janet Rain Executive / Commen	Assistant	

Dear Applicant:

_ (Please Print Your Name)

Before your application form will be considered or accepted, all requested information on the application form must be provided.

The following items on this application must be provided:

NEW APPLICANTS

- Letter of acceptance and/or Confirmation of Registration
- Fees Assessment Schedule (which you will receive once you have registered in all your courses).
- Courses outline/schedule (which states all your courses you will be registered in)

TRAINING PROGRAM(S) INTEGRATED

• Everything in this application package must be filled out for our department to determine eligibility and /or funding for training programs.

What type of funding or program are you requesting for?

(This field needs to be filled in to be deemed complete)

MINIMUM OF 2 WEEKS NOTICE IS REQUIRED BEFORE PROGRAM BEGINS

CLIENT REGISTRATION FORM

In order for the Louis Bull Tribe Indigenous Skills and Employment and Training programs to determine your eligibility for the programs and services it offers, we need to collect some personal information from yourself. Please be advised that we will treat your personal information as confidential and take all reasonable measure necessary for the protection of this information from being released or disclosed to unauthorized people. However, in order to satisfy the need for statistical reporting required by our funding agreement, we will share this information with our sponsor, ISETP (Indigenous Skills and Employment Training Programs).

Depending on the employment services you require, there will be different forms we will ask you to complete at different stages of the application process. The information sought in these forms is for determining your eligibility for these programs and statistical purposes.

Counselling relationships and the information resulting from them are kept confidential at all times and you have the right to access your personal information and counselling records file. The disclosure of this information or others can only occur with your written consent, however, be advised there are the following exceptions to confidentiality, which are required by law:

- 1. When disclosure is required to prevent clear and imminent danger to the client and/or others;
- 2. When legal requirements demand that confidential material be revealed;
- **3.** When a child is in need of protection.

In order for us to determine whether or not you already have a file with this office, please answer the following questions:

✓	Have you previously received services from the	nis office	e? YE	S NO (please circle one)
√	If yes, please indicate what the service was:			<u> </u>
√	Do you have a resume on file?	YES	NO	(please circle one)
✓	Are you accessing Income Support?	YES	NO	(please circle one)

If you do have an attached resume, please disregard employment history.

Thank you,

Louis Bull Tribe ISETP Employment and Training Programs

CLIENT INFORMATION

PERSONAL INFORMATION	
FULL NAME:	
ADDRESS:	
CITY:	
PHONE:	POSTAL CODE:
EMAIL:	CELL NO.:
PLEASE CIRCLE: EMP	LOYED UNEMPLOYED

EDUCATION AND TRAINING

PERSONAL IDENTIFICATION			
S.I.N. #:	MARITAL STATUS: (CIRCLE ONE)		
GENDER: M F	MARRIED SINGLE DIVORCED		
DATE OF BIRTH:	COMMON LAW SEPARATED WIDOW		
BAND NAME:	IS YOUR SPOUSE:		
BAND NUMBER:	EMPLOYED UNEMPLOYED		
OWN VEHICLE: YES NO			
DRIVERS LICENCE: YES NO	IF YES, CLASS NUMBER:		
NUMBER OF DEPENDENTS: (PLEASE LIST)	NAME: AGE: MALE/FEMALE:		

Client Signature		Date:	
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PLEASE READ CAREFULLY

- I accept the responsibility to fulfill the training terms required by the Louis Bull ISETP Employment and Training Policies.
- I accept the responsibility of managing funds received for educational assistance to the best of my ability;
- ✓ I fully understand once sponsorship has been approved that if I quit or become terminated for whatever reason that I will not receive sponsorship from the Louis Bull ISETP Employment and Training until full payment is made and/or suspension period is served;
- I understand that false or misleading information may result in termination and loss of access of other services provided by Louis Bull ISETP Employment and Training; and
- I certify that statements made in this application are correct and completed to the best of my knowledge.

Signature

Date

*NOTE: You are encouraged to seek employment once you have completed your training. When employment has been successfully gained you must inform this department for staff to complete your file.

CONSENT FOR RELEASE OF INFORMATION FOR EMPLOYMENT INSURANCE BENEFITS



I, ______, AUTHORIZE LOUIS BULL ISET EMPLOYMENT AND TRAINING TO CONTACT HUMAN SERVICES OF CANADA TO SHARE INFORMATION ABOUT MY EMPLOYMENT INSURANCE BENEFITS.

CLIENTS S.I.N. :	 	
SIGNATURE :	 	

DATE: _____

BELOW FOR OFFICE USE ONLY

Training Allowance	Number of Months	Total
	Books and Supplies	
	Tuition	
	Other	
	Total Financial Commitment	\$

MPLOYEE	IEN 3 YEARS TO DATE) DIMENSIONS	CRF
_	DIMENSIONS	
CA		
	AREER DECISION MAKING	SKILL ENHANCEMENT
□ JO	DB SEARCH	EMPLOYMENT MAINTENANCE
NTERVENT	IONS STATUS	
	OMPLETE	INCOMPLETE
□ IN	PROGRESS	FAILED TO REPORT
RE	ESCHEDULED	INTERVENTION NOT AVAILABLE
D 01	THER	