



# INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAMS ISETP APPLICATION

**BUILD YOUR CAREER**  
WITH US  
APPLY NOW

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## OFFICE USE ONLY:

FUNDING APPROVAL:      YES                      NO                      MAYBE                      *(please circle one)*

**X**

\_\_\_\_\_  
Frances Bull-Strongman  
Manager

**X**

\_\_\_\_\_  
Janet Raine  
Executive Assistant

### Comments:

**X**

\_\_\_\_\_  
Ally Bull  
Program Coordinator

**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 INFORMATION

### PERSONAL INFORMATION

FULL NAME:	
ADDRESS:	
CITY:	
PHONE:	POSTAL CODE:
EMAIL:	CELL NO.:
PLEASE CIRCLE:                      EMPLOYED                      UNEMPLOYED	

### EDUCATION AND TRAINING

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### 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: \_\_\_\_\_

## 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.

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Signature

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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	\$

### CLIENT'S STATUS – FUNDING

- |  |   |
|--|---|
| <input type="checkbox"/> E.I. (WOMEN 5 YEARS TO DATE)<br>(MEN 3 YEARS TO DATE) | <input type="checkbox"/> REACH BACK<br><input type="checkbox"/> CRF |
|--|---|

### EMPLOYEE DIMENSIONS

- |  |   |
|--|---|
| <input type="checkbox"/> CAREER DECISION MAKING<br><input type="checkbox"/> JOB SEARCH | <input type="checkbox"/> SKILL ENHANCEMENT<br><input type="checkbox"/> EMPLOYMENT MAINTENANCE |
|--|---|

### INTERVENTIONS STATUS

- |   |   |
|---|---|
| <input type="checkbox"/> COMPLETE<br><input type="checkbox"/> IN PROGRESS<br><input type="checkbox"/> RESCHEDULED<br><input type="checkbox"/> OTHER | <input type="checkbox"/> INCOMPLETE<br><input type="checkbox"/> FAILED TO REPORT<br><input type="checkbox"/> INTERVENTION NOT AVAILABLE |
|---|---|

INTERGRADED SERVICES SIGNATURE: \_\_\_\_\_