



RING OF FIRE ABORIGINAL TRAINING ALLIANCE

APPLICATION FOR RING OF FIRE ABORIGINAL TRAINING ALLIANCE

Please allow a minimum of 4 to 6 weeks for processing your application. All information must be completed in order to qualify for Ring of Fire Aboriginal Training Alliance (RoFATA), certain criteria needs to be met.

Please fill out the following forms in order for your application to be processed;

- ◇ Application Form
- ◇ Client Consent Form
- ◇ EI Verification Form
- ◇ Participant Information Form
- ◇ Training Questionnaire Form

Also, attach **copies** which must accompany your application forms;

- ▶ Copy of Status Card
- ▶ Copy of SIN Card

PLEASE NOTE: Ring of Fire Aboriginal Training Alliance - Career Development Officer / Employment Community Coordinator may be in contact with you to ask questions in regards to your request. **No third party involvements** will be allowed to inquire about your application, *this include parent, guardians, partners or friends*. Ensure that you provide phone number where you can be contacted.

Thank you.

QMS: KKETS – ROFATA CHK 001



Kiikenomaga Kikenjigewen Employment & Training Services
Matawa First Nations Inc. | 28 Cumberland Street North, 3rd Floor | Thunder Bay, ON P7A 4K9
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RING OF FIRE ABORIGINAL TRAINING ALLIANCE

APPLICATION FORM

Last Name	First Name	Int.

TYPE OF FINANCIAL ASSISTANCE SEEKING:

- Target Wage Subsidy
 Purchase of training
 Educational purposes
 Mobility Assistance
 Pre-employment Support
 Other: _____

Name of Program:		Duration of activity	Fr: D ___/M___/Y___ To: D ___/M___/Y___
Institution:		Attendance:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Location:		Length of activity	# hours _____ # weeks _____

FINANCIAL REQUIREMENTS:

Description	monthly/weekly costs	Total Amount	For Office use:
Allowance		\$	
Daycare		\$	
Travel		\$	
Rent/Accommodations		\$	
Bus Subsidy		\$	
Tuition/course costs		\$	
Books and/or Supplies		\$	
Other Materials		\$	
Total Financial Support Request:		\$	

When requesting for mobility and/or Pre-employment support; please attached letter of confirmation from employer

MOBILITY ASSISTANCE
Most economical means of transportation will be considered please select: <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Other: _____
Reason for request: <input type="checkbox"/> Travel to job interview <input type="checkbox"/> Relocation Allowance <input type="checkbox"/> Short-term Employment <input type="checkbox"/> Other: _____
Total amount of request: \$

PRE-EMPLOYMENT SUPPORT
Please select : <input type="checkbox"/> Start-up costs are at a maximum of \$250.00 (this is for purchase of safety equipment or uniforms)
<input type="checkbox"/> Fixed costs are fees associated to obtaining CPR/criminal reference checks/etc. must provide receipts.
Total Amount requested: \$

I certify that the above information is accurate and true to the best of my knowledge. If funding is approved, I will adhere to Kiikenomaga Kikenjigewen Employment & Training Services policy guidelines. Failure to do so or knowingly providing false information will result in funding (if approved) being revoked.

Signature: _____ Date of Application: _____



RING OF FIRE ABORIGINAL TRAINING ALLIANCE

PARTICIPANT INFORMATION FORM

LAST NAME	FIRST	SECOND

Address:	Apt# or P.O. Box:
City/Province:	Postal Code:
Home Phone #:	Other Contact #:

STATUS CARD NUMBER	FIRST NATION	Birth of Date
<input type="text"/>	_____	<input type="text"/>
		D M Y

SOCIAL INSURANCE NUMBER	<input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	<input type="checkbox"/> STATUS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> NON -STATUS
<input type="text"/>		

Are you: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT	EMAIL Address: _____
GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OJIBWAY <input type="checkbox"/> CREE <input type="checkbox"/> Other: _____ <i>Speak Write Read</i>

MARITAL STATUS:	Is your partner:
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW	<input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT

If you have dependants, please list their age: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

CURRENT FINANCIAL VERIFICATION

PLEASE CHECK appropriate box on your Current Income Benefit: Please indicate amount: \$ _____ (monthly)	
<input type="checkbox"/> Canada pension	<input type="checkbox"/> Employment Insurance
<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Social Assistance
<input type="checkbox"/> Private Insurance	<input type="checkbox"/> No Income Benefit
<input type="checkbox"/> Family Benefits	<input type="checkbox"/> Other
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own or have access to transportation?
Type of license: _____	<input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Other: _____
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No Preference: _____	Do you consider yourself to be a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No (i.e: Asthma, Diabetes, Arthritis, Lupus, etc.) If so please specify: _____

EDUCATION INFORMATION

Did you complete? High school: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Level: _____	Last Year attended: _____
Did you attend a Post Secondary Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:		
<input type="checkbox"/> College (Certificates/Diploma)	<input type="checkbox"/> University (Degree/BA, B.Ed)	<input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate
Course/Program: _____	Year: _____	
Institution: _____	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	



RING OF FIRE ABORIGINAL TRAINING ALLIANCE

CONSENT TO REQUEST AND RELEASE INFORMATION

In compliance with the legislated Personal Information protection Act, consent, by signing this form, is required by clients for the collection of personal information which will be used solely for the purpose of the following, and at no time will this information be disclosed and used for any other purpose, unless the client agree and Kiikenomaga Kikenjigewen obtains another signed consent form from clients:

To administer and evaluate the effectiveness of the Kiikenomaga Kikenjigewen Employment & Training Services (KKETS) programs and services, personal information about the client is request by Service Canada (HRSDC), Primary Funding Agencies and Organizations providing training (training deliverers).

Other organizations as described below may be contacted in order to obtain appropriate facts, which aid in making informed decisions.

To confirm a client's request for funds, information may be required directly from;

- The federal government about exhausted Employment Insurance Benefits or current status on Employment Insurance claim, and childcare subsidies
- Ministry of Community and Social Services, First Nation or municipality welfare office about receipt of social assistance,
- Workers' Safety Insurance Board or other disability insurers about receipt of Workers Safety Insurance Board,
- other relevant agencies.

Information will be required when individuals' origin is outside the KKETS area but the client resides in the KKETS area and is requesting financial assistance. Information may be requested from other primary funding agencies in other provinces when a client is requesting financial assistance and he/she originates from that province but is living in the KKETS area or vice versa.

Verification of First Nation status and affiliation must occur prior to assessment of request. This information will be confirmed by a KKETS staff member and a First Nation Membership Clerk/Band Administrator

Participant information may be provided to employer when making referrals for potential jobs

Clients may be referred to other partner agencies or organizations to access other services.

Should I be successful in obtaining funding from KKETS, I will allow KKETS to publish my name as a participant on a project funded through KKETS.

I have read this document, or have had this document read to me, and fully understand the above notice and do consent to the collection, disclosure and use of my personal information as described herein

I, _____
(Name of Individual) Print Name

Social Insurance Number

For which purpose my personal information has been requested by and may be disclosed to:
Kiikenomaga Kikenjigewen Employment & Training Project Officer

Signature of Individual

Date



RING OF FIRE ABORIGINAL TRAINING ALLIANCE

CLIENT AUTHORIZATION AND VERIFICATION

LAST NAME	FIRST	SECOND

Address:	Apt# or P.O. Box:
City/Province:	Postal Code:

SOCIAL INSURANCE NUMBER										DATE of BIRTH	D	M	Y
-------------------------	--	--	--	--	--	--	--	--	--	---------------	---	---	---

Are you presently working (part-time, temporarily, casual, on call, full time)? YES NO

NOTICE: Generally, if you are employed, you cannot quit a job to participate in a labour market program funded under an Aboriginal Skills Employment & Training Strategy (ASETS)

Are you presently in receipt of Employment Insurance (E.I.) benefits? YES (go to A) NO (go to B)

A) Did you work during your E.I. claim? YES NO

If YES, please tell us why you are no longer working (or are you still working?):

B Have you worked in the last 52 weeks? YES NO

If YES, please file an application for E.I. benefits along with this form and the Record(s) of Employment. Your application will be given priority.

I hereby authorize Aboriginal Skills Employment & Training Strategy (ASETS) to release information about the status and benefit rate of my Employment Insurance claim to the organization or person identified below in order to determine my eligibility to an Aboriginal Skills Employment & Training Strategy (ASETS) program and income supports. This authorization will remain in effect unless I give written instruction to cancel the release of information.

Signature: _____ Date: _____



RING OF FIRE ABORIGINAL TRAINING ALLIANCE

TRAINING QUESTIONNAIRE

Last Name: _____ First Name: _____

All clients of Ring of Fire Aboriginal Training Alliance must complete a questionnaire. By doing so, this will ensure that the Project Officers can better assist you in making your future goals as successful as possible. This form must be completed in full that applies to your situation. Failure to complete the questionnaire in full will delay the processing of your application.

For the purpose of this form, a person with a disability is one who, because of a long term recurring physical or mental condition, experiences difficulties in carrying out the activities of daily living. Do you require accommodations in the training or workplace resulting from a disability? YES NO
(if yes) please describe the requirements:

EDUCATION HISTORY:

1. What is the highest grade you have completed: _____ 2. What year did you attended school: _____

3. Name of School attended: _____

4. Have you attended a Post-Secondary Institution? YES NO (if no go to next section)

5. When was the last year you attended the post-secondary? _____

6. Name of Post-Secondary Institution: _____

7. Name of program course: _____

Did you complete? YES NO

If YES; name Diploma/Degree obtained; _____

If NO, reason for not completing; _____

8. Upon completion of your post secondary education, did you obtain work? YES NO

Please describe: _____

EMPLOYMENT HISTORY:

1. Please list your past three employers:

Name of previous or current employer: _____

Job Title: _____ Employed from: _____ to: _____

Description of job duties: _____

Name of previous or current employer: _____

Job Title: _____ Employed from: _____ to: _____

Reason for leaving: _____

Description of job duties: _____

Name of previous or current employer: _____

Job Title: _____ Employed from: _____ to: _____

Reason for leaving: _____

Description of job duties: _____

2. What type of employment are you seeking? Full Time Part Time Temporary Seasonal

3. If you are unemployed, what type of job search efforts have you made to find work in your current field?

4. If your job requires you to move, please answer the following:

- | | | |
|--|------------------------------|-----------------------------|
| Will your family move? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have accommodations secured? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have money saved to relocate? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you already researched the potential jobs in that area? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you researched the cost of living for that area? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you feel you have the financial resource to move? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

5. Do you have a driver's license? YES NO If YES, Class: _____

6. If NO, does the job you are planning to take require you to have a valid drivers licence? YES NO

If yes, what steps are you prepared to take to obtain your drivers licence: _____

7. Do you have access to reliable transportation YES NO type: _____

If NO, will you be able to make arrangements to get to your training course? Please specify: _____

TRAINING HISTORY:

1. Please list all completed training courses: ex. Heavy Equipment Operator etc.

Course	Training Provider	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Upon completion of your training courses taken, were you able to obtain work or was it work related?

3. Why are you interested in training at this time? _____

4. What course are you interested in? _____

5. What type of work do you feel this training will prepare you for? _____

6. What are the entrance requirements for the course (ex. Grade 10/12) _____

7. Do you meet the course requirements? _____

If not, what steps are you prepared to take to meet the course requirements: _____

8. What is the cost of the course? _____

9. How long is the course and how many hours per week you must attend? _____

Please attach information on the course.

10. Child care needs (if applicable)

Will you requiring child care needs while you are on the program? YES NO Not Applicable

If yes, do you have confirmed arrangements to address child care needs while on the program?

If no, how do you plan to go about addressing your child care needs before committing to the program?

DECLARATION

I, _____ hereby declare that the information provide is true and complete to my knowledge and I understand a false statement may disqualify me. I acknowledge that I am providing this information in connection with my participation in Kiikenomaga Kikenjigewen program & services.

Signed by: _____ Date: _____

EMPLOYMENT RESEARCH:

In order to complete this section of the questionnaire, you must contact an employer or an individual who is employed in this field of work. Please fill out form to conduct your interviews with potential employers;

Name of Business: _____

Contact Person: _____ Telephone: _____

Results of contact: _____

Name of Business: _____

Contact Person: _____ Telephone: _____

Results of contact: _____

(Suggestions for questions: Are you hiring in the future? What qualification are you looking for in order hire an employer? Etc.)

After interviewing the employers, please answer the following questions that may assist you if this is the right training for you to pursue?

1. What is your employment goal? _____

2. How long have you been thinking about getting into this field? _____

3. What are the details of work: (what do you know about the work tasks/activities involved?)

4. Working conditions? _____

5. Starting hourly salaries? _____

6. Is the work: Seasonal Full time year round Part-time year round Temporary On-call

7. What hours of work are required? Shift works No shift work Weekends Days Nights Evenings

8. Are there special clothing or tools required? _____

9. Are there opportunities for advancement? _____

10. Now that you have spoken with a person in this job, what aspects about the job do you like? _____

11. What aspects of the job do you not like? _____

12. What type of job search methods will you use to find employment? Please check

Newspaper ads or articles Internet

Employment agencies Networking

Other:

PREPARING A REALISTIC BUDGET

One of the major areas of concern for many people when deciding whether or not to consider training as a realistic option is their financial status. The best ways to deal with this concern is to analyze your finances and prepare a budget. This will give you a sense of control while allowing you to focus your energy on your training program. You are not expected to share details of information with your Employment Community Coordinator or Project Office but expect to address any questions regarding your commitment taking into account your financial situation

MONTHLY INCOME:

1	Employment Insurance Benefits:	\$
2	Spouse's Income:	\$
3	Family Benefits:	\$
4	Part-time Employment:	\$
5	Ontario Works:	\$
6	Other Income Sources:	\$
TOTAL INCOME:		\$

MONTHLY EXPENSES:

1	Rent/Mortgage	\$
2	Heating/Utilities/Gas	\$
3	Telephone/Cable/Internet	\$
4	Groceries	\$
5	Transportation/Maintenance Costs: Car/bus expenses	\$
6	Insurances (life/car/house)	\$
7	Daycare costs	\$
8	Loans	\$
9	Medical costs; Dentist/Optician/prescription/etc	\$
10	Clothing	\$
11	Miscellaneous	\$
TOTAL EXPENSES BEFORE TRAINING:		

During your Training, What are the additional Expenses that you will have to incur in order to successfully complete the training program?

Additional Expenses:

Daycare Costs	# of Children & cost per day	\$
Transportation	Own Vehicle	\$
	Bus Transit	\$
	Airfare	\$
	Other	\$
Living away expenses		\$
Training uniform/clothing		\$
Accommodations		\$
Other related costs		\$
Estimated Additional costs while in training:		\$

If you have any questions or comments please provide:
