



## APPLICATION FOR TRAINING & EDUCATION FUNDS

Please allow a minimum of 3 to 6 weeks for processing your application prior to the beginning of your training and/or education course. All information must be completed in order to qualify for KKETS Programming.

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

- ◇ Financial Application Form
- ◇ Participant Application Form
- ◇ Lakehead Adult Education Centre (only fill out if applying for Education Funds)
- ◇ Client Consent Form
- ◇ E.I. Verification Form

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

- ▶ A letter from an Employer that will provide employment after your training
- ▶ A letter of Acceptance from Training Institute
- ▶ Cover letter and Resume
- ▶ Copy of Status Card
- ▶ Copy of SIN Card

**PLEASE NOTE:** Kiikenomaga Kikenjigewen Employment & Training Intake & Referral Officers 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 CHK 001





# KIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

## APPLICATION REQUEST FORM

Last Name	First Name	Int.

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		\$	
<b>Total Financial Support Request:</b>		<b>\$</b>	

**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: \$ _____

Add any additional information/comments:



**KIIKENOMAGA KIKENJIGEWEN  
Employment and Training Services**

**PARTICIPANT APPLICATION FORM**

PLEASE INDICATE WHICH PROGRAM YOU ARE APPLYING FOR (IF APPLICABLE):

- KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT AND TRAINING SERVICES (KKETS)  
 ABORIGINAL SKILLS ADVANCEMENT PROGRAM (ASAP)  
 RING OF FIRE ABORIGINAL TRAINING ALLIANCE (RoFATA) PROJECT

DATE OF APPLICATION: \_\_\_\_\_

LAST NAME	FIRST NAME	SECOND/MIDDLE NAME

STATUS CARD NUMBER	FIRST NATION
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<input type="checkbox"/> ON-RESERVE <input type="checkbox"/> OFF-RESERVE	<input type="checkbox"/> STATUS <input type="checkbox"/> NON-STATUS	<input type="checkbox"/> METIS <input type="checkbox"/> INUIT	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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SOCIAL INSURANCE NUMBER	DATE OF BIRTH (DAY, MONTH, YEAR)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

STREET ADDRESS	APT # OR P.O. BOX #

CITY/PROVINCE	POSTAL CODE

HOME PHONE #	OTHER CONTACT PHONE #

EMAIL ADDRESS

\*\*\*A PHOTOCOPY OF PERSONAL IDENTIFICATION MUST BE PROVIDED FOR SELF AND DEPENDANTS\*\*\*

**LANGUAGE SKILLS:**

SPEAK:	<input type="checkbox"/> ENGLISH	<input type="checkbox"/> FRENCH	<input type="checkbox"/> OJIBWAY	<input type="checkbox"/> CREE	OTHER (LIST): _____ _____ _____
READ:	<input type="checkbox"/> ENGLISH	<input type="checkbox"/> FRENCH	<input type="checkbox"/> OJIBWAY	<input type="checkbox"/> CREE	
WRITE:	<input type="checkbox"/> ENGLISH	<input type="checkbox"/> FRENCH	<input type="checkbox"/> OJIBWAY	<input type="checkbox"/> CREE	

<b>ARE YOU:</b>	<b>MARITAL STATUS:</b>	<b>IF YOU ARE NOT SINGLE, IS YOUR PARTNER:</b>
<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> SINGLE	<input type="checkbox"/> EMPLOYED
<input type="checkbox"/> UNEMPLOYED	<input type="checkbox"/> MARRIED	<input type="checkbox"/> UNEMPLOYED
<input type="checkbox"/> STUDENT	<input type="checkbox"/> COMMON-LAW	<input type="checkbox"/> STUDENT

**IF YOU HAVE DEPENDANTS UNDER 18 YEARS OLD, PLEASE LIST THEIR AGES**

Spouse's Name: \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

\*\*\*PLEASE PROVIDE A PHOTOCOPY OF IDENTIFICATION FOR DEPENDENTS UNDER 18 YEARS OLD\*\*\*

**CHILDCARE:**

WILL YOU REQUIRE CHILDCARE IF ACCEPTED INTO A TRAINING PROGRAM?  YES  NO

IF YES, DO YOU HAVE CHILDCARE ARRANGED?  YES  NO

IF YES, WITH WHOM? \_\_\_\_\_

IF NO, WILL YOU REQUIRE ASSISTANCE FINDING CHILDCARE?  YES  NO

HAVE YOU APPLIED FOR SUBSIDIZED CHILDCARE?  YES  NO

**ARE YOU CURRENTLY ATTENDING ADDICTION INTERVENTION/TREATMENT?**  YES  NO

IF YES, WHAT TYPE: \_\_\_\_\_ MILLIGRAMS (MG): \_\_\_\_\_

IF YES, HOW DO YOU HAVE A PLAN TO MANAGE TREATMENT WHILE ATTENDING KKETS PROGRAMMING? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

N/A PLEASE DESCRIBE ANY HEALTH OR SOCIAL RELATED ISSUES THAT MAY REQUIRE SPECIAL PLANNING WHILE YOU ARE ATTENDING A KKETS TRAINING PROGRAM?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

N/A PLEASE DESCRIBE ANY LEGAL RELATED ISSUES THAT MAY REQUIRE SPECIAL PLANNING WHILE YOU ARE ATTENDING A KKETS TRAINING PROGRAM?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION AND TRAINING - PLEASE COMPLETE ALL APPLICABLE SECTIONS OR CHECK IF N/A:**

N/A PUBIC SCHOOL ATTENDED \_\_\_\_\_ LAST GRADE ATTENDED \_\_\_\_\_

N/A HIGH SCHOOL ATTENDED \_\_\_\_\_ LAST GRADE ATTENDED \_\_\_\_\_  
 DID YOU GRADUATE?  YES  NO YEAR GRADUATED \_\_\_\_\_  
 HOW MANY CREDITS DO YOU NEED TO COMPLETE HIGH SCHOOL? \_\_\_\_\_  
 WHAT IS THE HIGHEST GRADE AND LEVEL OF MATH COMPLETED? \_\_\_\_\_  
 WHAT IS THE HIGHEST GRADE AND LEVEL OF ENGLISH COMPLETED? \_\_\_\_\_  
 WHAT DO YOU FEEL WERE YOUR STRENGTHS IN HIGH SCHOOL? \_\_\_\_\_

N/A COLLEGE ATTENDED \_\_\_\_\_ NUMBER OF YEARS \_\_\_\_\_  
 COURSE/PROGRAM \_\_\_\_\_  
 DID YOU COMPLETE THE COURSE/PROGRAM?  YES  NO YEAR: \_\_\_\_\_  
 IF NOT, WHY? \_\_\_\_\_

N/A UNIVERSITY ATTENDED \_\_\_\_\_ NUMBER OF YEARS \_\_\_\_\_  
 COURSE/PROGRAM \_\_\_\_\_  
 DID YOU COMPLETE THE COURSE/PROGRAM?  YES  NO YEAR: \_\_\_\_\_  
 IF NOT, WHY? \_\_\_\_\_

N/A LITERACY AND BASIC SKILLS (LBS) COMPLETED IN WHAT YEAR: \_\_\_\_\_  
 IF NOT COMPLETED, WHY? \_\_\_\_\_  
 ASSESSED AT LEVEL: \_\_\_\_\_ ON DATE: \_\_\_\_\_ WHERE: \_\_\_\_\_  
 STILL ATTENDING?  YES  NO CURRENTLY AT LEVEL: \_\_\_\_\_

N/A SKILLS/APPRENTICESHIP TRAINING COMPLETED IN WHAT YEAR: \_\_\_\_\_  
 IF NOT COMPLETED, WHY? \_\_\_\_\_  
 NAME OF TRAINING/PROGRAM: \_\_\_\_\_  
 THROUGH WHICH TRAINING INSTITUTION: \_\_\_\_\_

N/A OTHER UPGRADING COMPLETED IN WHAT YEAR: \_\_\_\_\_  
 IF NOT COMPLETED, WHY? \_\_\_\_\_  
 NAME OF TRAINING/PROGRAM: \_\_\_\_\_  
 THROUGH WHICH TRAINING INSTITUTION: \_\_\_\_\_

N/A THE FOLLOWING TRANSCRIPTS HAVE BEEN ATTACHED:  
 (NOTE THAT IT IS A REQUIREMENT TO INCLUDE A COPY OF YOUR TRANSCRIPTS)  
 \_\_\_\_\_

N/A PLEASE LIST ANY OTHER TRAINING COURSES YOU HAVE COMPLETED:

COURSE	TRAINING PROVIDER	YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAS PRIOR LEARNING ASSESSMENT AND RECOGNITION (PLAR) BEEN COMPLETED?  YES  NO

N/A PLEASE DESCRIBE ANY OTHER RELEVANT INFORMATION PERTAINING TO YOUR EDUCATION AND TRAINING HISTORY

### EMPLOYMENT HISTORY

N/A NAME OF CURRENT OR MOST RECENT EMPLOYER: \_\_\_\_\_  
START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

N/A NAME OF SECOND LAST EMPLOYER: \_\_\_\_\_  
START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

N/A NAME OF THIRD LAST EMPLOYER: \_\_\_\_\_  
START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

N/A PLEASE DESCRIBE ANY OTHER RELEVANT VOLUNTEER EXPERIENCE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*PLEASE ALSO ATTACH A COPY OF YOUR CURRENT RESUME\*\*\*

### GOALS AND INTERESTS

WHAT ARE YOUR ACADEMIC GOALS?

LITERACY AND BASIC SKILLS COMPLETION (LBS)  UNIVERSITY  OTHER  
 ONTARIO SECONDARY SCHOOL DIPLOMA (OSSD)  COLLEGE \_\_\_\_\_

ARE YOU INTERESTED IN APPRENTICESHIP SKILLS TRAINING?  YES  NO  
IF YES, IN WHAT TRADE? \_\_\_\_\_

WHAT HAVE YOU DONE IN THE PAST THAT YOU HAVE ENJOYED?  
\_\_\_\_\_  
\_\_\_\_\_

WHAT TYPE OF WORK CAN YOU SEE YOURSELF DOING? WHAT ARE YOUR HOPES AND DREAMS?  
\_\_\_\_\_  
\_\_\_\_\_

**COMMITMENT TO SUCCESS**

DO YOU HAVE A DRIVER'S LICENCE?  YES  NO IF YES, TYPE OF LICENCE \_\_\_\_\_

DO YOU OWN OR HAVE ACCESS TO OTHER TRANSPORTATION?  Car  Bus  None

ARE YOU WILLING TO RELOCATE?  YES  NO PREFERRED LOCATION \_\_\_\_\_

**IF EDUCATION/TRAINING/EMPLOYMENT REQUIRES YOU TO MOVE:**

WILL YOUR FAMILY MOVE WITH YOU?  YES  NO

DO YOU HAVE ACCOMMODATIONS SECURED?  YES  NO

DO YOU HAVE TEMPORARY ACCOMMODATIONS SECURED?  YES  NO

WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WILL YOU BE MAINTAINING YOUR RESIDENCE ON THE FIRST NATION IF YOU ARE REQUIRED TO MOVE FOR EDUCATION/TRAINING/EMPLOYMENT?  YES  NO

DO YOU REQUIRE CHILDCARE?  YES  NO

DO YOU HAVE MONEY SAVED TO RELOCATE?  YES  NO

HAVE YOU ALREADY RESEARCHED POTENTIAL JOBS IN THAT LOCATION?  YES  NO

HAVE YOU RESEARCHED THE COST OF LIVING FOR THAT LOCATION?  YES  NO

DO YOU FEEL YOU HAVE THE FINANCIAL RESOURCES TO MOVE?  YES  NO

PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**WHAT DO YOU THINK YOUR BIGGEST CHALLENGES WILL BE IF YOU ARE SELECTED TO PARTICIPATE IN A KKETS TRAINING PROGRAM?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> PHYSICAL DISABILITY                 | <input type="checkbox"/> LEARNING DISABILITY  | <input type="checkbox"/> ADDICTIONS           |
| <input type="checkbox"/> DIFFICULTY WITH ENGLISH             | <input type="checkbox"/> FAMILY ISSUES        | <input type="checkbox"/> CHILD CARE           |
| <input type="checkbox"/> EDUCATION                           | <input type="checkbox"/> FAMILY MEMBER HEALTH | <input type="checkbox"/> TRANSPORTATION       |
| <input type="checkbox"/> LACK OF JOB SEARCH SKILLS           | <input type="checkbox"/> HOUSING              | <input type="checkbox"/> OUTSTANDING WARRANTS |
| <input type="checkbox"/> LIMITED WORK EXPERIENCE             | <input type="checkbox"/> LEGAL ISSUES         | <input type="checkbox"/> RESTRAINING ORDERS   |
| <input type="checkbox"/> FAMILY RESPONSIBILITY OFFICE ORDERS | <input type="checkbox"/> OTHER: _____         |   |

EXPLAIN HOW YOU PLAN TO ENSURE YOU ARE SUCCESSFUL AT REACHING YOUR GOALS?  
\_\_\_\_\_  
\_\_\_\_\_

**HOW DID YOU HEAR ABOUT KIKENOMAGA KIKENJIGEWEN TRAINING PROGRAMS:**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> ECC                  | <input type="checkbox"/> POSTER       | <input type="checkbox"/> BROCHURE            |
| <input type="checkbox"/> FRIEND OR RELATIVE   | <input type="checkbox"/> WEBSITE      | <input type="checkbox"/> INFORMATION SESSION |
| <input type="checkbox"/> PREVIOUS PARTICIPANT | <input type="checkbox"/> OTHER: _____ |  |

**PLEASE COMPLETE REGARDING YOUR CURRENT INCOME:**

SOURCES OF INCOME	GROSS MONTHLY AMOUNT	COMMENTS
ONTARIO WORKS	SHELTER: \$ _____ INCOME SUPPORTS: \$ _____ CHILD CARE: \$ _____ TRANSPORTATION: \$ _____ MEDICAL: \$ _____	OW ADMINISTRATOR NAME: _____ PHONE: _____ LOCATION: _____
CANADA PENSION PLAN	\$ _____	
WORKER'S COMPENSATION	\$ _____	END DATE: _____
EMPLOYMENT INSURANCE	\$ _____	END DATE: _____
CHILD TAX BENEFITS	\$ _____	
ONTARIO DISABILITY SUPPORT PROGRAM	\$ _____	
EMPLOYMENT	\$ _____	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME      HRS PER WK _____ <input type="checkbox"/> SEASONAL (END DATE: _____)
PRIVATE INSURANCE	\$ _____	
OTHER: _____	\$ _____	
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	

HAVE YOU INCLUDED A COPY OF YOUR CURRENT INCOME/BENEFIT STATEMENT?  YES  NO  
 (A COPY MUST BE INCLUDED WITH THIS APPLICATION)



I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT I AM PROVIDING THIS INFORMATION AS PART OF MY APPLICATION TO KKETS TRAINING PROGRAMS. IF I AM ACCEPTED INTO AND FUNDED FOR A KKETS TRAINING PROGRAM, I WILL ADHERE TO KKETS POLICY GUIDELINES. KNOWINGLY PROVIDING FALSE INFORMATION OR FAILURE TO FOLLOW KKETS POLICY GUIDELINES WILL RESULT IN EXPULSION FROM ANY KKETS TRAINING PROGRAM AND ANY FUNDING BEING REVOKED.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

INTAKE OFFICER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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PARTICIPANT APPLICATION FORM - ATTACHMENT CHECKLIST

- EI VERIFICATION FORM
- LAKEHEAD ADULT EDUCATION CENTRE FORM
- CURRENT FINANCIAL STATEMENT (EI, OW, ODSP, WORK, ETC.)
- CONTACT INFORMATION FORM
- CONSENT TO REQUEST AND RELEASE INFORMATION
- PHOTOCOPY OF STATUS CARD
- PHOTOCOPY OF SOCIAL INSURANCE NUMBER CARD
- PHOTOCOPY OF DEPENDENTS' IDENTIFICATION (IF CLAIMING DEPENDENTS)
- COPY OF HIGHSCHOOL TRANSCRIPT
- CURRENT RESUME

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OFFICE USE ONLY

REFERRED TO:

- KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT AND TRAINING SERVICES (KKETS)
- ABORIGINAL SKILLS ADVANCEMENT PROGRAM (ASAP)
- RING OF FIRE ABORIGINAL TRAINING ALLIANCE (RoFATA) PROJECT



**KIIKENOMAGA KIKENJIGEWEN**  
**Employment and Training Services**

**EMPLOYMENT INSURANCE VERIFICATION AND AUTHORIZATION**

LAST NAME	FIRST NAME	SECOND/MIDDLE NAME

SOCIAL INSURANCE NUMBER

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DATE OF BIRTH (DAY, MONTH, YEAR)

--	--	--	--	--	--

STREET ADDRESS

--

APT # OR P.O. BOX #

--

CITY/PROVINCE

--

POSTAL CODE

--

ARE YOU PRESENTLY WORKING (FULL OR PART TIME, TEMPORARY, CASUAL, ON-CALL)?

NO      **GENERALLY, IF YOU ARE EMPLOYED, YOU CANNOT QUIT A JOB TO PARTICIPATE IN A GOVERNMENT-FUNDED LABOUR MARKET PROGRAM**

YES

ARE YOU PRESENTLY IN RECEIPT OF EMPLOYMENT INSURANCE (EI) BENEFITS?

NO

IF NO, HAVE YOU WORKED IN THE LAST 52 WEEKS?

NO  
 YES

**IF YES, PLEASE FILE AN APPLICATION FOR EI BENEFITS ALONG WITH THIS FORM AND THE RECORD(S) OF EMPLOYMENT. YOUR APPLICATION WILL BE GIVEN PRIORITY.**

YES

IF YES, DID YOU WORK DURING YOUR EI CLAIM?

NO  
 YES

IF YES, ARE YOU STILL WORKING?

YES  
 NO

IF NO, PLEASE TELL US WHY YOU ARE NO LONGER WORKING:

\_\_\_\_\_

I hereby authorize Kiikenomaga Kikenjigewen Employment and Training Services 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 participate in an Aboriginal Skills & Training Strategy program and income supports. This authorization will remain in effect unless I give written instruction to cancel this release of information.

Signature: \_\_\_\_\_

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

# LAKEHEAD ADULT EDUCATION CENTRE

## STUDENT INFORMATION - PLEASE PRINT

Have you attended adult education in Thunder Bay before?

YES  NO

GENDER:

MALE  FEMALE

LEGAL LAST NAME:

FIRST NAME:

MIDDLE NAME:

MAIDEN NAME:

DATE OF BIRTH:

Year

Month

Day

EMAIL ADDRESS:

FIRST LANGUAGE:

Last High School(s) or Adult Education programs and years attended (please list most recent first and do not list colleges or universities):

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Last Grade Completed:

Number of High School Credits:

Last Year Attended:

High School Graduate?  YES  NO

If yes, please list name of graduating high school:

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Future Plans:  Workplace  College  University

Post-Secondary Programs of Interest:

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Notes:



# KIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

## **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 Kikēnomaga Kikēnjigewen obtains another signed consent form from clients:

To administer and evaluate the effectiveness of the Kikēnomaga Kikēnjigewen 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.

1. To confirm a client's request for funds, information may be required directly from;
  - a) The federal government about exhausted Employment Insurance Benefits or current status on Employment Insurance claim, and childcare subsidies
  - b) Ministry of Community and Social Services, First Nation or municipality welfare office about receipt of social assistance,
  - c) Workers' Safety Insurance Board or other disability insurers about receipt of Workers Safety Insurance Board,
  - d) other relevant agencies.
2. 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.
3. 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
4. Participant information may be provided to employer when making referrals for potential jobs
5. Clients may be referred to other partner agencies or organizations to access other services.
6. Client may receive follow-up services for the period of at least one year upon completion of KKETS education, apprenticeship and/or training programs. A KKETS staff will work with its clients to ensure: adequate supports have been received, barriers/challenges to employment have been removed, upcoming education/training/apprenticeship and employment opportunities are regularly communicated, education/training and employment goals have been achieved.

In order for KKETS to provide this service, it is required that the client will maintain contact with KKETS staff and First Nation Employment Community Coordinators by providing up-to-date contact information such as telephone number, address and email for these purposes.

7. 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:  
Kiiikenomaga Kikenjigewen Employment & Training Project Officer

\_\_\_\_\_  
Signature of Individual Date