



KIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

523 Algoma St N | Thunder Bay, ON | P7A 5C2

Tel: (807) 768-4470 | Fax: (807) 768-4471 | Toll Free: 1-888-688-4652

www.kkets.ca

APPLICATION FOR INDIVIDUAL TRAINING FUNDS

Please allow a minimum of 4 to 6 weeks for processing your application prior to the beginning of your training course or funding assistance. All information must be completed in order to qualify for a KKETS sponsored training program. Certain criteria must be met.

Please fill out the following forms in order for you application to be processed. Please attach the following documents with your application:

- ✓ Copy of Status Card
- ✓ Copy of SIN Card or a document that verifies your SIN
- ✓ A Letter of acceptance from Training Institute
- ✓ Resume (Include your employment history and skills)
- ✓ Cover Letter (State how this training will assist you in finding better or new employment)
- ✓ Dependents Identification (if Childcare is required)

PLEASE NOTE: Kiikenomaga Kikenjigewen Employment & Training Services staff 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 includes parent, guardian, partners or friends. Ensure that you provide accurate contact information where you can be reached.

Thank You.



KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

APPLICATION FORM

Last Name:	First Name:	Intl:
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TYPE OF FINANCIAL ASSISTANCE SEEKING:

<input type="checkbox"/> Target Wage Subsidy	<input type="checkbox"/> Individual Training	<input type="checkbox"/> Educational Purposes
<input type="checkbox"/> Mobility Assistance	<input type="checkbox"/> Pre-Employment Support	<input type="checkbox"/> 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	# of Hours: # of Weeks:

FINANCIAL REQUIREMENTS:

Description	Monthly/Bi-Weekly Costs/Quotes	Total Amount	For Office Use:
Allowance		\$	
Child Care		\$	
Travel		\$	
Rent/Accommodations		\$	
Bus Subsidy		\$	
Tuition/Course Cost		\$	
Books/Supplies		\$	
Pre-Employment Support		\$	
Mobility Assistance		\$	
Total Financial Support Request:		\$	

Add any additional information/comments:



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PARTICIPANT INFORMATION FORM

Social Insurance Number:		
First Name:		Maiden Name (If applicable):
Last Name:		
Address:		
City/Town:	Province:	Postal Code:
Home #:	Cell #:	Other #:
Email Address:		
D.O.B (dd/mm/year/):	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified <input type="checkbox"/>	
Aboriginal Group: Registered <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/>		
Name of Band:		Do you live on reserve? Yes <input type="checkbox"/> No <input type="checkbox"/>
Status Registry Number:		
Do you consider yourself; a person with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Please Specify:		
Marital Status: Single <input type="checkbox"/> Married/Equivalent <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>		
Number of Dependents (living with you): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Language(s) Spoken: <input type="checkbox"/> English <input type="checkbox"/> Ojibway <input type="checkbox"/> French <input type="checkbox"/> Other, Please Specify:		
Education: <input type="checkbox"/> No formal Education <input type="checkbox"/> Up to grade 7-8 <input type="checkbox"/> Grade 9-10 <input type="checkbox"/> Grade 11 or 12 Incomplete <input type="checkbox"/> OSSD <input type="checkbox"/> GED <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> Apprenticeship/Trades Certificate/Diploma <input type="checkbox"/> College, General and Vocational College or other non-university certificate or diploma <input type="checkbox"/> University Certificate or Diploma <input type="checkbox"/> University- Bachelor Degree <input type="checkbox"/> University – Master Degree <input type="checkbox"/> University – Doctorate *Choose all that apply*		

TRADES (including Heavy Equipment):			
Trade	Level/Red Seal	Specialization	Years of Experience
1.			
2.			
CERTIFICATES (i.e. First Aid/WHIMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety etc.)			
Certification	Level	Registrar	Expiry Date
1.			
2.			
3.			
LICENSES			
Class	Number	Province	Expiry Date
1.			
2.			
3.			
Do you have reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
TRADITIONAL/CULTURAL SKILLS: (i.e. Trapping, hunting, fishing, beading, painting, carving, woodworking, drumming, dancing, elder, ceremonial, storytelling, writing)			
EMPLOYMENT HISTORY (starting from most recent work experience)			
Employer	Job Title	Dates	Reason for Leaving
1.			
2.			
3.			
Are you ready, Willing and available for work/training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what type of employment? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-Employment			
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to work shiftwork? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hourly wage expectation? <input type="checkbox"/> Minimum Wage <input type="checkbox"/> Min wage - \$20 <input type="checkbox"/> Over \$20			
A clean criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			
A valid passport? <input type="checkbox"/> Yes, Expiry Date; <input type="checkbox"/> No			

Volunteer Work: (Include Board or Councils)	
1.	
2.	
3.	
Computer/Technology Skills? <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Email/Internet Search <input type="checkbox"/> Office Phone Systems <input type="checkbox"/> GIS Other;	
Physical Capabilities: <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Lift over 50lbs <input type="checkbox"/> Walking <input type="checkbox"/> Outdoor Work	
Is childcare needed? (excluding spouse in house) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Source of Income: (Employment status) <input type="checkbox"/> Employed <input type="checkbox"/> Underemployed (less than 20hrs/wk.) <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Canada Pension <input type="checkbox"/> Workers compensation <input type="checkbox"/> Private Insurance <input type="checkbox"/> Family Benefits <input type="checkbox"/> OW	
Barriers to Employment- check all that apply: <input type="checkbox"/> None <input type="checkbox"/> Remoteness <input type="checkbox"/> Language <input type="checkbox"/> Education <input type="checkbox"/> Economic <input type="checkbox"/> Dependent Care <input type="checkbox"/> Lack of Work Experience <input type="checkbox"/> Lack of Transportation <input type="checkbox"/> Physical, Emotional or Mental Health <input type="checkbox"/> Other:	
I, _____ hereby declare that the information provided 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.	
Signature of Participant:	Date:



KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

EMPLOYMENT INSURANCE VERIFICATION AND AUTHORIZATION

Last Name:	First Name:	Intl:
Social Insurance Number:		Date of Birth: (dd/mm/year)
Street Address:		Apt# or P.O Box #
City/Province:		Postal Code:
<p>ARE YOU PRESENTLY WORKING (FULL OR PART TIME, TEMPORARY, CASUAL, ON CALL)?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p><i>Generally, if you are Employed, you cannot quit a job to participate in a government-funded labour market program</i></p>		
<p>ARE YOU PRESENTLY IN RECEIPT OF EMPLOYMENT INSURANCE (EI) BENEFITS?</p> <p><input type="checkbox"/> NO</p> <p>IF NO, HAVE YOU WORKED IN THE LAST 52 WEEKS?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p> <p>IF YES, PLEASE FILL AN APPLICATION FOR EI BENEFITS ALONG WITH THIS FORM AND THE RECORD(S) OF EMPLOYMENT. YOUR APPLICATION WILL BE GIVEN PROIRITY.</p> <p><input type="checkbox"/> YES</p> <p>IF YES, DID YOU WORK DURING YOUR EI CLAIM?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p> <p>IF YES, ARE YOU STILL WORKING?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>IF NO, PLEASE TELL US WHY YOU ARE NO LONGER WORKING:</p>		
<p>I hereby authorize Kiikenomaga Kikenjigewen Employment & 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 in to participate in an Aboriginal Skills & Employment Training Strategy (ASETS) Program and income supports. This authorization will remain in effect unless I give written instruction to cancel this release of information.</p>		
Signature:		Date:



KIIKENOMAGA 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 following. At no time will this information be disclosed and used for any other purpose, unless the client agree and Kiiikenomaga Kikenjigewen obtains another signed consent form from clients.

To administer and evaluate the effectiveness of Kiiikenomaga Kikenjigewen Employment & Training Services (KKETS) programs and services, personal information about the client is requested 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 EI benefits or current status on EI claims and child care subsidies.
 - B. Ministry of Community and Social Services, First Nation or municipality Social Services 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 individual's 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. A KKETS staff member and a First Nation Membership Clerk/Band Administrator will confirm this information.
4. Participant information may be provided to an employer when making referrals to 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/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 and 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.
8. I grant KKETS the right to photograph me and to record my voice, performances, actions and appearances and to use my picture, photograph, silhouette and other reproductions of my physical likeness in success stories, which will be published on newsletters as well as the KKETS website.

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, _____ for which purpose my personal information has been requested by and may be disclosed to Kiikenomaga Kikenjigewen Employment & Training Services.

Signature: _____

Date: _____



KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

Photo/Video Consent to Release Form

The undersigned does hereby authorize KikenoMaga Kikenjigewin Employment & Training Services and/or its associates, assistants, or subcontractors to photograph/record or use a photograph/video for educational and commercial purposes.

Name (please print)

The undersigned authorizes KKETS to permit the use and display of said photographs and/or recordings in any publication, multimedia production, display or advertisement.

The undersigned agrees that the KKETS may use name, likeness, or biographical information supplied by the undersigned.

I am 18 years of age or older, and I am competent to sign in my own name. I have read this form before signing, and I fully understand the contents, meaning and impact of this Consent and Release Form.

Signature: _____

Date: _____