



KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES INTAKE APPLICATION FORM

KAEP OFFICE: Suite 400, 4th Floor - 28 Cumberland St. N. | Thunder Bay, ON | P7A 4K9

KKETS OFFICE: 523 Algoma St. N, 2nd Floor North Wing | Thunder Bay, ON | P7A 5C2

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

www.kkets.ca | kkets-reception@matawa.on.ca

Have you registered with KKETS in the past? Yes No

If YES, what year did you apply? _____. Which program did you apply to, or were accepted into?

ISETS (Individual Training, PPE, Mobility, Wage Subsidy, Job Creation) Apprenticeship

NEAT KAEP ALLESP Harvesters Grant Discovery House CILR PLAR

Please see Appendix A on page 11 for KKETS program information.

What program are you applying to now?

ISETS (Individual Training, PPE, Mobility, Wage Subsidy, Job Creation) Apprenticeship

KAEP Harvesters Grant Discovery House CILR PLAR

Please allow a minimum of 4 to 6 weeks for processing your application prior to the beginning of your course or funding assistance. All information and signatures must be received in order to qualify for a KKETS sponsored program. Please fill out the following forms for your application to be processed. You **MUST** attach copies of the forms (see below) required by your program with your application.

Please fill out the following forms in order for your application to be processed. Also attach copies which **MUST** accompany your application forms according to your program;

ALL APPLICATIONS	KAEP	ISETS	
<ul style="list-style-type: none"> ✓ Copy of Status Card ✓ Copy of SIN Card ✓ Cover Letter written to KKETS and Updated Resume ✓ Dependents Identification (if childcare is required) 	<ul style="list-style-type: none"> ✓ Highschool Transcript ✓ Page 5 	<ul style="list-style-type: none"> ✓ A Letter confirming Job Interview ✓ A Letter of acceptance from Training Institute ✓ Letter from Employer (PES) ✓ Page 4 & 10 	
	APPRENTICESHIP		
	<ul style="list-style-type: none"> ✓ Proof of education 		

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 and updated contact information where you can be reached.

Thank You



KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

UNIVERSAL PARTICIPANT INFORMATION FORM

Part I: ALL APPLICANTS			
Social Insurance Number:			
First Name:		Maiden Name (If applicable):	
Last Name:			
Residing Address:			
City/Town:	Province:		Postal Code:
Home #:	Cell #:	Other #:	
Email Address:		Facebook Name:	
D.O.B (dd/mm/year):	Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/> Unspecified <input type="checkbox"/>
Indigenous 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"/> Name of Spouse:			
Number of Dependents (living with you and under 18yrs old): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> NA <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*			
Next of Kin/Emergency Contact: Name: Relation: Phone #:			

CERTIFICATES (i.e. First Aid/WHIMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety etc.)			
Certification	Level	Registrar	Expiry Date
1.			
2.			
3.			
LICENCES			
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.			
Volunteer Work: (Include Board or Councils)			
1.			
2.			
3.			
Is childcare needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a clean criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to say			
Do you have a valid passport? <input type="checkbox"/> Yes, expiry date; <input type="checkbox"/> No			
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:			
Are you receiving other funding during your program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what supports are they providing?			
Do you have access to the internet? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a device? <input type="checkbox"/> Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Cell phone			

PART II: ISETS, Apprenticeship, ALLESP, Discovery House, CILR, and Harvesters Applicants only: If you are applying for the KKETS Adult Education Program (KAEP) please move to Part III			
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			
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			
TRADES (including Heavy Equipment):			
Trade	Level/Red Seal	Specialization	Years of Experience
1.			
2.			
3.			
4.			
5.			
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 <input type="checkbox"/> ODSP			

ISETS, Apprenticeship, ALLESP, Discovery House, CILR, PLAR and Harvesters APPLICANTS SIGNATURE	
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 programs & services.	
Signature of Participant:	Date:

PART III: KAEP Applicants only:	
Education: <input type="checkbox"/> No formal education <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 Have you ever attended LAEC (Adult Ed) in Thunder Bay?: <input type="checkbox"/> Yes or <input type="checkbox"/> No How many high school credits do you have?: _____ Last year attended school: _____ Last school attended: _____	
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"/> ODSP <input type="checkbox"/> OW *PLEASE SUBMIT A COPY OF YOUR MOST RECENT INCOME STATEMENT*	
Are you currently attending Addiction Intervention/Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type: _____ Milligrams (MG): _____ If Yes, how do you plan to manage treatment while attending KAEP programming? _____ _____	
GOALS AND INTERESTS; What are your academic goals? <input type="checkbox"/> Literacy and Basic Skills completion (LBS) <input type="checkbox"/> College <input type="checkbox"/> Other <input type="checkbox"/> Ontario Secondary School Diploma (OSSD) <input type="checkbox"/> University Are you Interested in Apprenticeship Skills Training? <input type="checkbox"/> YES <input type="checkbox"/> 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 you hopes and dreams? _____ _____	

KAEP APPLICANTS SIGNATURE	
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 programs & services.	
Signature of Participant: _____	Date: _____



KIKENOMAGA 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>Have you been on EI in the last 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES</p>		
ARE YOU PRESENTLY IN RECEIPT OF EMPLOYMENT INSURANCE (EI) BENEFITS?		
<input type="checkbox"/> NO HAVE YOU WORKED IN THE LAST 52 WEEKS? <input type="checkbox"/> NO <input type="checkbox"/> YES 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.	<input type="checkbox"/> YES DID YOU WORK DURING YOUR EI CLAIM? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, ARE YOU STILL WORKING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE TELL US WHY YOU ARE NO LONGER WORKING: _____ _____	
<p>I hereby authorize Kikēnomaga Kikēnjigewen 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 Indigenous Skills & Employment Training Strategy (ISETS) 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 Kiikenomaga Kikenjigewen obtains another signed consent form from clients.

To administer and evaluate the effectiveness of Kiikenomaga 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 childcare 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.

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, _____ acknowledge 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: _____



KIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

ISETS APPLICANTS ONLY: FINANCE 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:
		To:
Institution:	Attendance	<input type="checkbox"/> Full Time
		<input type="checkbox"/> Part Time
Location:	Length of Activity	# of Hours:
		# of Weeks:

FINANCIAL REQUIREMENTS: Please check eligibility with your Case Manager before completing

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

Add any additional information/comments:



KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

Appendix A: KKETS Programs and Services Summary

1. Adult Learning, Literacy and Essential Skills Program (ALLESP)

The key objective of ALLESP is to improve adult learning, literacy and essential skills. It is open to all Matawa First Nation members who want to continue their education and do not have their OSSD by training virtual from home or in-community. We aim to prepare participants with the knowledge and capacity to pursue and transition into furthering their education, training and employment opportunities.

2. KKETS Adult Education Program (KAEP)

KAEP gives adults (18 years and older) who have been out of school for more than one year an opportunity to achieve their Grade 12 Ontario Secondary School Diploma (OSSD). Classes are held in-person in Thunder Bay, ON. Throughout the course of the program, there are presentations and workshops on various topics, career building skill opportunities such as First Aid/CPR, Safe Food Handling, etc. In addition, there are presentations on trades training and apprenticeships programming, elder support and monetary supports available to those who are eligible.

3. Indigenous Skills and Employment Training Strategy Program (ISETS)

The ISETS program was developed to address barriers to employment through training in the trades, pre-employment supports (PES), personal protective equipment (PPE), mobility supports, job search supports, wage subsidies and job creation funding. We aim to support Matawa community members in finding new or more meaningful employment opportunities. Clients who are ready to start employment or seek employment opportunities through training should apply to the KKETS ISETS program either through your Employment Community Counsellor (ECC) or through our Thunder Bay office.

4. Mashkosii Ojibik Apprenticeship Program

This program focuses on identifying all construction activity in the community and attach apprenticeship to it while registering people with skilled trade experience wanting to challenge Trade Equivalency Exam/ Red Seals.

5. Harvesters Support Grant

The 3-year Harvester Support Grant for the 5 remote Matawa communities was launched in September 2020. The goal of the program is to improve access to country and traditional foods by increasing food sharing, increase the number of harvesters in the community and improve knowledge sharing between existing and new harvesters. Eligible Communities include: Eabametoong, Marten Falls, Webequie First Nation, Nibinamik (Summer Beaver) and Neskantaga (Landsdowne House).

6. Certification in Indigenous Language Revitalization (CILR)

In partnership with the University of Victoria, students will examine formal and informal approaches to language teaching and learning in Indigenous community settings. Topics include forms of language acquisition, Indigenous teaching and learning strategies, how strategies are related to community needs and goals and the role of community and community members in teaching and learning.

7. Discovery House, Construction Craft Worker Training

Discovery House units are being built in the remote Matawa First Nation communities of Eabametoong, Webequie, Marten Falls, Neskantaga and Nibinamik. KKETS is hiring youth (ages 16-30) from Matawa First Nations who are interested in learning skills in construction and are ready to commit to a 3-year training and employment program. Training will take place in the remote communities in a blended online and in-person format.

8. Prior Learning Assessment & Recognition (PLAR)

Prior learning assessment and recognition defines processes that allow individuals to identify, document, have assessed and gain recognition for their prior learning. The learning may be formal, informal, non-formal, or experiential. The context of the learning is not key to the process as the focus is on the learning. PLAR processes can be undertaken for several purposes, including self-knowledge, credit or advanced standing at an academic institution, for employment, licensure, career planning or recruitment.