



24 Jonathan Cheechoo Drive
 Moose Factory, Ontario, P0L1W0
 Phone: (705) 658-2847 Fax: (705) 658-2536

FIRST NATIONS' INDIVIDUAL INITIATIVES

- Purchase of Training Pre-Employment Support Mobility Assistance

Please ensure the following forms are completed:

- Participant Information Form EI Verification Client Consent Form
- Resume (attached)

Name of Applicant: _____ Social Insurance Number: _____ - _____ - _____

Has the client requested training from any other agencies? If so, explain outcome (attach letters)

SECTION A - PURCHASE OF TRAINING

Duration of Activity: (DD / MM / YYYY) From: _____ To: _____	Attendance: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time # of hours per week: _____ # of weeks: _____
Course/Training Title:	Level of Education required to enroll in Training:
Location of Activity:	Institution Performing Training (attach costs with 2 quotes):
Institutional Acceptance: <input type="checkbox"/> Conditional, If so, on what?: _____ <input type="checkbox"/> Final	

FINANCIAL REQUIREMENTS

Course Costs and Materials

✓ Course Costs/Tuition _____

✓ Books & Supplies _____

✓ Other Materials Required _____

Sub-total \$ _____

Income Support Requirements

✓ Allowance @ \$200.00 weekly _____

✓ Dependent Care/Day Care _____
(Spouse Income – weekly: _____)

✓ Travel – Commuting _____

✓ Other _____

Sub-total \$ _____

Continue if Course is away from home:

(Maximum allowed of \$100.00 per week for the total living away from home expenses)

✓ Accommodation _____

✓ Travel away from Home _____

✓ Other Costs _____

Are these costs: Weekly Monthly **Sub-total** \$ _____

Total Request \$ _____

Once you have completed Section A, please skip to Section D



SECTION B – MOBILITY

Reason for request: _____

Letter of confirmation of employment from employer attached? Yes No

Quotes of Travel Costs
Air – _____
Public – _____
Private – _____
Other – _____

Have you approached other sources of funding? Yes No
(If so, please attach letter of refusal)

Once you have completed Section B, please skip to Section D

SECTION C – PRE-EMPLOYMENT SUPPORT

Reason for request: _____

Letter of confirmation of employment from employer attached? Yes No

(2 quotes required)

Have you approached other sources to cover the costs? Yes No
(If so, please attach letter of refusal)

Once you have completed Section C, please skip to Section D

SECTION D – EXPECTATIONS

In summary, state what your expectations and goals are, (should your application be accepted) once the intervention is completed.

SECTION E – SIGNATURE

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

Client Name: _____ Client Signature: _____

Date: _____



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PARTICIPANT INFORMATION FORM

09-2005

The following information is required by MCETU for funding purposes. This form must be completed by all participants prior to project or training commencement. All information is confidential and will be utilized to determine eligibility for MCETU programs. We will use this as a tool to base your income support should you be successful in acquiring approval as a participant or for funding.

Sponsor	File #
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Have you received prior funding through MCTEU/HRDC? No Yes: When? _____
 Was the training completed? No Yes

PERSONAL INFORMATION

Last Name:	First Name:	Middle Initials:	SIN #:
Date of Birth (mm/dd/yyyy):		Home Phone:	
PO Box:	Local Address:	City/Province/Postal Code:	
Current Income Benefits (Monthly) <input type="checkbox"/> Canada Pension _____ <input type="checkbox"/> Employment Insurance _____ <input type="checkbox"/> Private Insurance _____ <input type="checkbox"/> No Income Benefits _____ <input type="checkbox"/> Family Benefits _____ <input type="checkbox"/> Worker(s) Compensation _____ <input type="checkbox"/> Social Assistance _____ <input type="checkbox"/> Other _____		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Single Does your Spouse have a source of Income? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If so, please state amount: \$ _____ /weekly	

CHARACTERISTICS

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Language: English: <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read French: <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read Other: <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read Specify:
Ethnicity <input type="checkbox"/> Status <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status	Residency: <input type="checkbox"/> On-Reserve <input type="checkbox"/> Off-Reserve
First Nation:	Band Number (10 Digits):
Dependent(s) Ages - 1. 2. 3. 4.	Do you consider yourself to be a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, specify:
Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of License:	Do you have access to transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please specify:

EDUCATION

High School Diploma: <input type="checkbox"/> OSSD <input type="checkbox"/> GED <input type="checkbox"/> Incomplete Name of School: _____ Highest Grade Completed: _____
College/University: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Institution: _____ <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete

EMPLOYMENT HISTORY

Current / Last Employer:	Job Title:
From (day / month / year):	To: (day / month / year):
Reason for leaving: <input type="checkbox"/> Accepted another job <input type="checkbox"/> End of seasonal work <input type="checkbox"/> Pregnancy <input type="checkbox"/> Shortage of Work <input type="checkbox"/> Business closure <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Project completed <input type="checkbox"/> Conflict of interest <input type="checkbox"/> Illness <input type="checkbox"/> Moved <input type="checkbox"/> Strike or lockout <input type="checkbox"/> Downsizing <input type="checkbox"/> Incarceration <input type="checkbox"/> Retired <input type="checkbox"/> End of contract <input type="checkbox"/> Returned to school <input type="checkbox"/> Other	
First Previous Employer:	Job Title:
From (day / month / year):	To: (day / month / year):
Reason for leaving:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid / Volunteer
Second Previous Employment:	Job Title:
From (day / month / year):	To: (day / month / year):
Reason for leaving:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid / Volunteer
PARTICIPANT SIGNATURE:	DATE:



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CLIENT CONSENT FORM

To administer and evaluate the effectiveness of the Moose Cree Training & Employment Unit programs and services, personal information about the client is required by;

- Human Resources Development Canada (HRDC), Service Canada (ESDC)
- Primary Funding Agencies, such as Local Delivery Mechanisms (LDM's), Contribution Agreements and Regional Bilateral Agreements (RBAs)
- Organizations providing training (training deliverers)

To be eligible for participation in MCETU programs and services, the Client must provide the information requested and must consent to the collection, disclosure and use of that information, as described in this notice by signing the consent and release below.

Some of the information will be asked directly from the Client, such as gender, marital status, income, disability, age etc. This information is required for statistical collection and is used for reporting purposes in evaluation of the programs and services.

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,
 - b) Ministry of Community and Social Services, First Nation, or municipality welfare office about receipt of social assistance,
 - c) Workers Compensation Board or other disability insurer about receipt of Workers Compensation or disability insurance benefits,
 - d) Other relevant agencies.
- 2) Information may be required from Local Delivery Mechanisms when an individual's origin is outside the MCTEU area but the client resides in the MCTEU 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 or she originates from that province but is living in the MCTEU area or vice versa.
- 3) Verification of Indian status and affiliation must occur prior to assessment of request. This information will be confirmed by a MCTEU staff member and a First Nation membership clerk/Band Administrator.
- 4) Participant information from time to time may be made available to potential Employers seeking personnel for employment prospects. This release of information rests at the discretion of MCTEU during the said training program activity or shortly thereafter, up to a period of 1year after the completion date of the training activity.
- 5) Clients may be referred to other agencies or organizations to access other services.
- 6) By signing this client consent form, the client authorizes the release of any test results, reports and other information that concerns the individual to Moose Cree Training & Employment Unit from their training programs.
- 7) Should I be successful in obtaining funding from Moose Cree Training & Employment Unit, I will allow Moose Cree Employment & Training Unit to publish my name as a participant on a project funded through them.

CONSENT TO REQUEST AND RELEASE INFORMATION

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.

Signature: _____

Print Name Here: _____

Social Insurance Number: _____

Date: _____



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Aboriginal Human Resources Development Strategy
Client Authorization and Verification

Client Name: _____ S.I.N.: _____

Address: _____

Date of Birth: _____ Telephone Number: _____

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 labor market program funded under an Aboriginal Human Resource Development Agreement (AHRDA).

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 Human Resources Development Canada (H.R.D.C.) to release information about the status and benefit rate of my Employment Insurance (E.I.) claim to the organization or person identified below in order to determine my eligibility to an Aboriginal Human Resource Development Agreement (A.H.R.D.A.) program and income supports. This authorization will remain in effect unless I give written instruction to cancel the release of information.

Signature: _____ Date: _____

Contact information for John Rickard, Cheryl Ashamock, Connor McComb, and Ernie Lafontaine. Includes Moose Cree Employment & Training details and Local Delivery Mechanism (LDM) information.

FOR OFFICE USE ONLY:

Has an E.I. claim been established? [] YES [] NO

Claim Type and Start Date: _____

E.I. Rate: _____ Is the claim active? _____

Allocation of Earnings End Date (if applicable): _____

Last Week Processed: _____

Number of Entitlement Weeks Remaining: _____ Last Renewal Week: _____

Note: This E.I. claim ends when either the numbers of entitlement weeks remaining are paid or the last renewal week is reached.

If an E.I. claim has not been established, is the client eligible under the "Reach back" provisions of the E.I. Act (i.e. a claim in the last 3 to 5 years)?

[] YES [] NO

Other Comments: _____

H.R.D.C. Signature: _____ Date: _____

Faxed to MCETU on: _____ Initials: _____

Table with MCETU Referral Information, Project or Course Name and Location, Start Date, End Date, Signature, and Date. Includes RC#: 3672 and Agreement #: U25248-2.