



24 Jonathan Cheechoo Drive  
 P.O. Box 190 - Moose Factory, Ontario - P0L 1W0  
 Tel: (705) 658-2847  
 Fax: (705) 658-2536

<input type="checkbox"/> Community Initiative	<input type="checkbox"/> Youth Initiative
<input type="checkbox"/> Regional Initiative	<input type="checkbox"/> Individual Initiative

<b>Name of Applicant:</b>		<b>Mailing Address:</b>	
<b>Town:</b>	<b>Province:</b>	<b>Postal Code:</b>	
<b>Telephone:</b>	<b>Fax:</b>	<b>Revenue #:</b>	
<b>Name of Contact Person:</b>			
<b>State in summary from the objectives and expected results of activities (Attach detailed documentation):</b>			
<b>Duration of Activity:</b>		<b>Location of Activity:</b>	

**TRAINING INFORMATION**

<b>Training Occupation/Course:</b>	<b>Number of Participant(s):</b>
<b>Persons/Organizations who prepared the training component:</b>	
<b>Minimum Academic and/or skills level required of the participant(s):</b>	
<b>Name of the Public or Non-Public Institutions that will provide the training (Please provide the names and qualifications of the trainers):</b>	
<b>Training to be provided (Please attach more information):</b>	
<b>Work Experience to be provided (attach job description):</b>	



24 Jonathan Cheechoo Drive  
P.O. Box 190 - Moose Factory, Ontario - P0L 1W0  
Tel: (705) 658-2847  
Fax: (705) 658-2536

**RECRUITMENT PLAN**

Number of Participants to be recruited from the following categories:		Male:	Female:	Disabled:	Youth:	TOTAL
Income Status Targeted:	Employed	Unemployed	Reach Back	SAR	E.I. Part 1 Only	TOTAL

Occupational Administrative Staff	No. of Persons	No. of weeks	Total weeks	Hours per week	Total Hours	Wage Rate per hour	Contribution Requested	
	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	
Participant Total		Subtotal						1
Mandatory Employment Related Costs		x Subtotal						2
Overhead Costs (descriptions/itemized)						Amount Requested		
Administration Fees								
						Total Overhead	3	
Training Costs (descriptions/itemized)						Amount Requested		
Training & Travel								
						Total Training	4	
Special Costs (descriptions/itemized)						Amount Requested		
						Total Special Costs	5	
Project Manager Costs (descriptions/itemized)						Amount Requested		
						Total Project Costs	6	
Participant Allowance:	Number of participants:	Rate per week:	Number of weeks per participant:	Total Costs for Allowances			7	
						Total Contribution (add rows 1-7)		
Source(s) of Other Funds:								

I/we certify that each job to be created is in addition to what has already been planned for the period that all information on this application is accurate.

Name (Please print)	Position	Signature	Date



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

**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.

<b>Sponsor</b>	<b>File #</b>
----------------	---------------

Have you received prior funding through MCTEU/HRDC?  No  Yes: When? \_\_\_\_\_  
 Was the training completed?  No  Yes

**PERSONAL INFORMATION**

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

**CHARACTERISTICS**

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

**EDUCATION**

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

**EMPLOYMENT HISTORY**

<b>Current / Last Employer:</b>	<b>Job Title:</b>
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	
<b>First Previous Employer:</b>	<b>Job Title:</b>
From (day / month / year):	To: (day / month / year):
Reason for leaving:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid / Volunteer
<b>Second Previous Employment:</b>	<b>Job Title:</b>
From (day / month / year):	To: (day / month / year):
Reason for leaving:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid / Volunteer
<b>PARTICIPANT SIGNATURE:</b>	<b>DATE:</b>



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

**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: \_\_\_\_\_



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



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: \_\_\_\_\_

John Rickard, A/Employment Training Coordinator
Cheryl Ashamock, CESW
Connor McComb, Intake Clerk
Ernie Lafontaine, CESW
Moose Cree Employment & Training
Ph #: 705-658-2847
Fax #: 705-658-2536
Local Delivery Mechanism (LDM) for the ISETS with Mamo-Nuskomitiwin
Program Name: \_\_\_\_\_ File Number: \_\_\_\_\_

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, Date, and Agreement #: U25248-2