



FUNDING CHECKLIST

The following documentation is required to process a funding application:

- Completed application form, including signed Applicant's Declaration & Authorization form
- Copy of Valid Identification.
- Current Resume.

For applications for funding for training

- Signed "Consent to Release Personal Information to Third Party" with the institution you will be attending
- Public and Union schools are funding priorities. If choosing a Private training institutions that provide the same program, a school comparison is required for 2 schools
- Letter of Acceptance from the training institution indicating the start and end dates of the program, the cost of tuition, textbooks, and mandatory materials and supplies.
- If applicable, a copy of your Employment Plan from the Ministry of Social Development and Social Innovation – prepared by your Employment Assistance Worker.
- Transcript(s) from previous year(s), if applicable.

For applications for work gear

- Letter from Employer on Company letterhead stating clothing and gear required and start date of employment
- Quote from suppliers must include a varied (high, mid, low) costs for each item

For Employment Advisors only

- Copy of printable **Action Plan form**
- Clients **Sponsorship Letter**
- Section 25 (if applicable)

NOTE: Please make your appointment with an Employment Advisor well before the start date of your program as the application may take 4-6 weeks to complete from initial interview to approval. Once all required and supporting documentation is received, then it will take up to 5 days for review and approval or denial. If you have any questions about this checklist, please contact your Employment Advisor.



ARMS CLIENT #

SHÍSHÁLH NATION APPLICATION FORM 2020

Personal Information Form (PIF)

Please complete all sections thoroughly. Complete and accurate information is required to determine your eligibility.

Section A				PERSONAL IDENTIFICATION	
Last Name:		First Name:		Middle Initial:	
S.I.N. :		Birth Date: DD/ MM/ YYYY/		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Mailing Address:		City:		Prov:	Postal Code:
Telephone#:		Message #:		Email:	
Aboriginal status:		<input type="checkbox"/> Registered Indian		<input type="checkbox"/> Non-Status <input type="checkbox"/> Inuit <input type="checkbox"/> Metis	
Band Name:			Band Registry / Status Number:		
Marital Status: <input type="checkbox"/> Married / Equivalent <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				# of dependents living with you: ____	Age of Dependents:
Do you require child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is your current source of child care?			
Do you identify as having a physical or mental disability that affects your ability to perform daily tasks? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, how does your disability restrict your performance of daily tasks? Please Explain:					
Are you a Canadian citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Language Spoken? <input type="checkbox"/> English <input type="checkbox"/> French Other: _____		Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Class: ____	
What is preventing you from finding work?					
Have you applied for or are you currently in receipt of Employment Insurance?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you had an Employment Insurance Claim within the past five years?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you had a Parental or Maternity leave claim in the past five years?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is your current source of income?					
Social Assistance <input type="checkbox"/> Student Loans <input type="checkbox"/> Pension <input type="checkbox"/> Part-time Work <input type="checkbox"/> Full-time Work <input type="checkbox"/> Other <input type="checkbox"/>					
If other, please explain:					

Section B						EDUCATION AND TRAINING			
Highest Grade completed: _____						Year Completed: _____		Province/Country: _____	
Please list all degrees, trade levels, licenses, diplomas, certificates or work tickets obtained:									
List all adult basic education, post-secondary training and or courses that you have attended									
Institute/Organization		Location		Year	Course	Certificate, Diploma, Degree, Tickets		Completed?	

Section B EDUCATION AND TRAINING - Continued			
List any ISET funded programs you have previously participated in and the outcome or results for you.			
Year	Program	Completed?	Outcome/Result
Are you currently attending school full time? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many hours of school per week are you attending? _____ / week. Do you intend to return to school in the upcoming academic year/semester? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you left school to permanently join the workforce? Yes <input type="checkbox"/> No <input type="checkbox"/> Please Explain: _____			

Section C EMPLOYMENT HISTORY					
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
List your most recent jobs					
Job Title	FT/PT	Company Name	Start Date <small>dd/mm/yyyy</small>	End Date <small>dd/mm/yyyy</small>	Reason for Leaving
Describe what you have done to find work: _____ _____ _____					

OFFICE USE ONLY		
ACTIVE EI CLAIM <input type="checkbox"/>	REACH BACK <input type="checkbox"/>	CRF <input type="checkbox"/>
Comments: _____ _____		

All information provided to us will be considered as supplied in confidence. Under certain circumstances some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact shíshálh Nation ETAPS department at 604-885-9404, PO Box 740, Sechelt, BC V0N 3A0.

Applicant's signature

Date: _____
 DAY MONTH YEAR



ARMS Client File Number: _____

Applicant's Declaration & Authorization

I declare that the foregoing information provided to the shíshálh Nation ETAPS department is, to my knowledge, true and complete and that it is subject to verification by shíshálh Nation and its representatives. I authorize ETAPS to release application information with involved organizations, training institutions, and government agencies. I acknowledge that in the event that I do not comply with any of the following requirements that I may be denied further funding by the ETAPS department.

- If I quit or am removed from program without an acceptable reason to the shíshálh Nation ETAPS department, future funding may be effected
- All original training related documents, receipts for reimbursement, marks, and other documentation as needed must be provided to the shíshálh Nation ETAPS department; when requested
- I agree to provide shíshálh Nation ETAPS department with training follow-up request after completion of training;
- I am responsible for all training expenses acquired in excess of the agreed upon amount and for any amounts paid in error. In all cases shíshálh Nation ETAPS department will not be held responsible for any expenses not agreed to, prior to the expenses being incurred.
- I understand that tuition, assistance and training allowances are subject to taxation;
- I agree to immediately report any changes of residence, telephone or other contact information to the shíshálh Nation ETAPS department;
- I understand that I am subject to legal action in the event that I make false statements or neglect to provide shíshálh Nation ETAPS department with any information that materially affects my entitlement to training subsidy or my ability to benefit from my employment insurance
- I agree not to hold ETAPS department, its employees, volunteers, agents and heirs, harm from and against all claims, losses, damages, cost and expenses related to any injury or death of a person or a loss or damage to property caused in relation to this training initiative;
- I am aware that I have 20 business days to start the appeal process, should my request for training funds be denied and that the decision of the appeal committee is final and binding;

This authorization remains in effect for the duration of my request for funding.

Applicant's Full Name (please print): _____

Applicant's signature

Date: _____

DAY MONTH YEAR

OFFICE USE ONLY

Authorized by:

Advisor's name (please print) _____

Advisor's signature

Date: _____

DAY MONTH YEAR