

# shíshálh Nation Education, Training & Post-Secondary (ETAPS) Department



shíshálh Nation

Application for Funding: ISET Job Start/Retention Funding

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## Funding Checklist

The following documentation is required to process a funding application for ISET Job Start/Retention Funding

- Copy of two (2) pieces of valid identification
- Current resume

### **Complete Application Package**

- Personal Information Form
- Employment offer / job confirmation on company letterhead or from an official company email address stating clothing/gear and/or Criminal Record Check required. Letters/emails MUST include employment start date.
- For clothing/gear: written quote from recognized merchants with most economical option noted (overpriced items will not be eligible for funding). NOTE: Funding will not be approved if requested to replenish clothing, equipment or gear clothing, equipment or gear that is worn out or has been damaged, lost, or stolen.
- Driver's licensing, renewals, or exams: Employment offer, job confirmation or job posting stating need for valid driver's license

**NOTE:** Once all required and supporting documentation is received, it may take up to 5 business days for review and approval or denial. If you have any questions about this checklist, please contact your ETAPS Coordinator.

Completed applications should be submitted to ETAPS Coordinator Donna Tack at [dtack@shishalh.com](mailto:dtack@shishalh.com)

# shíshááh Nation Education, Training & Post-Secondary (ETAPS) Department



## Personal Information Form

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

Section A PERSONAL IDENTIFICATION			
Last Name:		First Name:	
Preferred name:		Middle Initial:	
Preferred pronouns:		Preferred pronouns:	
<input type="checkbox"/> he/him		<input type="checkbox"/> she/her	
<input type="checkbox"/> they/them		<input type="checkbox"/> other:	
S.I.N.:		Birth Date (dd/mm/yyyy):	
Gender <input type="checkbox"/> Woman		<input type="checkbox"/> Man	
<input type="checkbox"/> Transgender		<input type="checkbox"/> Non-binary/non-conforming	
<input type="checkbox"/> Prefer not to answer			
Mailing Address:		City:	
		Prov:	
		Postal Code:	
Telephone #:		Message #:	
Email:			
Indigenous status: <input type="checkbox"/> Registered Status		<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 / Common Law		<input type="checkbox"/> Single	
<input type="checkbox"/> Separated		<input type="checkbox"/> Divorced	
<input type="checkbox"/> Widowed			
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:			
This section MUST be completed by all applicants			
Have you applied for or are you currently in receipt of Employment Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had an Employment Insurance Claim within the past five years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had a Parental or Maternity leave claim in the past five years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your current source of income?			
<input type="checkbox"/> 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, please explain:			
Are you a Canadian citizen?		Language Spoken?	
<input type="checkbox"/> Yes		<input type="checkbox"/> English	
<input type="checkbox"/> No		<input type="checkbox"/> French	
		<input type="checkbox"/> Other: _____	
		Do you have a Driver's License?	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
		Class: _____	

Section B DEPENDENTS			
# of dependents living with you:		<input type="checkbox"/> n/a	
Dependent name		Birthdate (dd/mm/yyyy)	% of time dependent lives with you
			Childcare needed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, what is your current source of childcare?			

**Section C 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?
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N

List any ISET funded programs you have previously participated in and the outcome or results for you.

Year	Program	Completed?	Outcome/Result
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	

Are you currently attending school full time?  Yes  No

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  No

Have you left school to permanently join the workforce?  Yes  No

If yes, please explain:

**Section C EMPLOYMENT HISTORY**

Are you currently employed?  Yes  No

If yes, please provide details:

(check all that apply):  F/T  P/T  Casual / Temporary  Seasonal  Self-employed

List your most recent jobs

Job Title	FT/PT	Company Name	Start Date dd/mm/yyyy	End Date dd/mm/yyyy	Reason for Leaving

**Section C****EMPLOYMENT HISTORY Continued**

What is preventing you from finding work?

Describe what you have done to find work:

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.

- 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 the shíshálh Nation ETAPS Department to confirm my eligibility for funding with the Employment Insurance eligibility website or with it's agents.
- I authorize the shíshálh Nation ETAPS Department to release application information with involved organizations, training institutions, and government agencies.
- I agree to immediately report any changes of residence, telephone, or other contact information to the shíshálh Nation ETAPS department

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date (dd/mm/yyyy)**

**OFFICE USE ONLY**

ARMS Client #

Received by:

Date:

- ACTIVE EI CLAIM
- REACH BACK
- CRF
- EIBIS Checked

Comments:

ETAPS Manager Signature:

Date: