

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



shíshálh Nation

Application for Funding: ISET Training & Certificate Funding

Funding Checklist

The following documentation is required to process a funding application for ISET Training & Certificate Funding (programs less than six-weeks in length):

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

Complete Application Package

- Personal Information Form
- Training/Education Plan
- Budget Breakdown
- Signed Authorization to Obtain Information
- Program flyer or brochure showing start/end dates, registration cost, mandatory materials/supplies, and contact information for the training organizer/institution
- If applicable: a copy of the client's Employment Plan from the Ministry of Social Development and Poverty Reduction, prepared by your Employment Assistance Worker

NOTE: Please make your appointment with an ETAPS Coordinator well before the start date of your training 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 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

Personal Information Form (ISET Clients)

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:
Preferred name:		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:	
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 / 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Language Spoken? <input type="checkbox"/> English <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)	Childcare needed?	% of time dependent lives with you	
		<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:	

OFFICE USE ONLY	
ARMS Client #	ETAPS Coordinator:
<input type="checkbox"/> ACTIVE EI CLAIM <input type="checkbox"/> REACH BACK <input type="checkbox"/> CRF	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.

- 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 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)

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

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Training/Education Plan

Applicant's Full Name:	Birthdate (dd/mm/yyyy)
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Program Information

Name of training / course / program:	
Program start date (dd/mm/yyyy):	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Program end date (dd/mm/yyyy):	<input type="checkbox"/> In-person <input type="checkbox"/> Online/distance <input type="checkbox"/> Combination
Program duration:	Location:
Name of training organization:	
Address:	
Contact name:	Position:
Phone:	Email:
What are the expected outcomes that will be achieved from this training, course, or program?	
Why do you want to take this training, course or program?	
How will the training, course or program help you achieve your employment or career goals?	
Additional comments	

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Budget Breakdown

ITEM	Details	Cost
Registration/Tuition fees		\$
Mandatory textbooks, material & supplies		\$
Total tuition, books and supplies		\$
*Hotel/accommodation	\$ _____ x _____ # of nights	\$
**Mileage	\$.59 x _____ (total # of kms)	\$
*Ferry	\$ 60 for car & driver; add \$10 for each additional passenger	\$
*Parking		\$
**Meals (clients receiving living allowance not eligible)	\$ 40 x _____ # of overnights \$ 20 x _____ # of full days	\$
Total other expenses		\$
Total funding requested		\$

* Original receipts must be submitted immediately following training/course. Only PRE-APPROVED hotel/accommodation will be reimbursed.

**The ETAPS Department adheres to travel rates set by shíshálh Nation Chief and Council. These amounts are subject to change.

Please contact your ETAPS Coordinator with questions about eligible costs

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Authorization to Obtain Information (ISET Clients)



shíshálh Nation

The following individual is/or was a sponsored student of the shíshálh Nation.

Name of Client: _____

- I authorize the shíshálh Nation ETAPS Department to obtain any information required to determine my eligibility for education or training financial assistance.
- I hereby authorize other First Nation Institutes, Employment Insurance Commission, and Social Assistance Agencies to release any information that may be required for this purpose.
- I authorize the organization/institute in which I am attending to release transcripts/certificates, attendance records, invoices, and progress reports to the shíshálh Nation ETAPS Department.

Client's Authorization Signature

Date

(Please note that completion of this form does not guarantee approval of funding)

ETAPS Coordinator (Print Name)

ETAPS Coordinator Signature

Date