

SKILLS DEVELOPMENT Application



Decho First Nations ASETS

In partnership with Human Resources Skills Development Canada

Aboriginal Skills & Employment Training Strategy designed to improve the employment opportunities of Aboriginal people and enable them to fully participate in the Canadian economy

ASETS Priorities:

- **Demand driven skills development** – all work readiness and skills development training programs must lead to employment
- **Partnership with the private sector and across the whole of government**
 - ASETS must partner with other funding agencies or local employers to cover program delivery costs
- **Accountability for improved results** – all applicants are required to:
 - Fill out entire application and include full dates (year/month/date).
 - Attach a photocopy of your current NWT Health Card.
 - Attach a copy of your Status card or Metis letter.
 - Attach a letter of acceptance for the program you have applied.
 - Include any transcripts from previous institutions you have attended.
 - Attach a current resume and digital photo.
 - All applicants must be available for an in-depth telephone or in-person interview to complete the assessment process.
 - ASETS Funding Applications are assessed for Labour Market Demand and are subject to funding availability. Please include letter from employers indicating skills required for requested training/education.

Application Deadline information:

Skills Development: **One full month prior to the Start Date** of course/program – SFA, ASETS

DFN Scholarship: **July 31st annually**

Please ensure applications are submitted by the deadline dates, supporting documents may be submitted afterwards.

Basic Eligibility Requirements:

1. All First Nations, Inuit or Metis people residing in the Dehcho Region for a minimum of six months.
2. Application must be completed in full, please call DFN ASETS staff to complete your career plan.
3. Members of Dehcho First Nations who reside in another region are expected to apply to ASETS delivery agents in their community of residence as ASETS assistance is based on residency not on membership. To search the internet for an ASETS holder near you, please enter "ASETS Agreement Holders" and click on the province/territory you reside.
4. Late applications may be considered. However, students are encouraged to respect deadlines.

Policies:

1. Applicant must seek funding from other sources such as SFA, EI, Income Support or ECE Career Growth Skills Grant and provide funding letter.
2. ASETS will not sponsor high school students.
3. ASETS will not sponsor clients if they quit their current average income employment.
4. ASETS does not sponsor clients who have full-time jobs unless they require safety tickets to retain their employment.
5. Applicants who were previously funded and were terminated, did not complete their training/education or did not provide follow-up after the end of their training period are not eligible to apply for two years or until funds repaid.
6. Applicants will not be funded if they owe money to SFA or ASETS.
7. Applicant studying in the NWT must apply for a Child Care User subsidy from ECE.
8. Applicant must have alternate childcare in place when child is sick or when there is no primary school.
9. Applicant must ensure support network is in place.

Funded clients are required to:

- Maintain 100% attendance
- Arrive on time
- Provide attendance on biweekly basis
- Provide copies of final marks and written report
- Provide copies of certificates/safety tickets
- Provide copies of group photo
- Upon completion of training program, client must seek employment and call in on bi-weekly basis to report employment status until employed or for a 24 week period
- The ASETS program is results based which means a desired result is required to remain eligible for future assistance
- Desired results are an employed outcome for adults and an employed and/or returned to school outcome for youth

Submitting an application requesting skills development training assistance does not mean that you will be selected. Priority will be given to applicants meeting labour market demands who have maintained and/or fulfilled the above requirements.

**If you have any questions or need help filling out the application,
please call our office.**

**Failure to submit a complete application package will result in a delay of
the application process.**



**Dehcho First Nations ASETS
SKILLS DEVELOPMENT Application
for Training/Educational Assistance**

ASETS use only:	
Date Received: _____	
Client # _____	Case File # _____
Local Target _____	CRF _____ EI _____

Personal Information:

Last Name:	First & Middle Name:
Gender: Male _____ Female _____	Date of Birth: ____/____/____ Day / Month / Year
Social Insurance Number:	NWT Health Card Number:
Phone Number:	Cell Number:
Drivers License: Class _____, Prov _____ Expiry _____	Marital Status: Single __, Married __, Separated __, Common-Law __ (living together for 12 continuous months)
Aboriginal Group: First Nation __, Metis __, Inuit __	Language Spoken: _____ Language Written: _____
Current Mailing Address:	Email Address:

Dependent Children under age of 17 residing with you:

Dependent(s) – only one parent may claim dependent(s)	Age	Living with me	Relationship
Names (First and Last)			

Do you require Childcare: Yes ___ No ___
If yes - please apply to the nearest ECE for a Child Care User Subsidy application

Spousal Information: If you are married or living common-law please complete

Spouse's Name:	Date of Birth:
Is spouse currently working? Yes __, No __	Is spouse on EI claim? Yes __, No __
Is spouse attending school? Yes __, No __	If yes, list name of program, institution, start & end date
Is spouse receiving SFA, UCEP? Yes __, No __	

Employment Barriers include: lack of labour force attachment, lack of work experience, lack of valid drivers' license, lack of transportation, remoteness, languages, education, economic resources, dependent care, lack of marketable skills, lack of valid safety tickets, physical or mental barrier, other barrier not listed

Please describe your barrier.

Previous Education:

Name of Program:	Name of School:	Start Date:	End Date:	Grade Completed

Previous Support:

Have you received AHRDA/ASETS funding before? Yes___ No___	Name of Program
Year Funded	Institute
Location	Province/Territory
Completion Information: Completed program___ Did not complete program___ Withdrew___	
Reason for not completing program	

Employment History:

Current Employer:	Industry:	
Position Title:	From:	To:
Job Duties:		
Rate of Pay:	Reason for Leaving:	
<p>If you are underemployed and are thinking of quitting your current job to attend training, it is in your best interest to talk with ASETS staff. If it is determined that participating in the training will increase your earning potential, ASETS staff will work with you to provide a “Counsel to Leave Employment” form. We are sorry but we cannot provide a “Counsel to Leave Employment” form after the fact.</p>		
Past Employer:	Industry:	
Position Title:	From:	To:
Job Duties:		
Rate of Pay:	Reason for Leaving:	

Employment Insurance / Income Support:

Currently receiving EI Benefits: Yes___ No___	Benefit Rate:
Received EI in past 3 years: Yes___ No___	Received EI Parental Benefits in past 5 years: Yes___ No___
Currently receiving Income Support: Yes___ No___	

Safety Tickets, Trades Licenses or Certificates:

Name of Ticket/License/Certificate	Valid From:	Valid To:

Proposed Studies:

Program Name:		
Institute Name:		
Institute Location:		
Students must maintain 100% attendance		
Accepted:	Start Date:	End Date:
Safety Ticket ____ Trades License ____ Certificate ____		
Other		

Sources of Financial Assistance:

To what other agencies have you applied for and/or received funding assistance? Please list all sources of funding, including personal/family support, employer support.

Please note that you are required to apply to Income Support, Student Financial Assistance and/or Employment Insurance. We require letters indicating your funding status from these agencies.

Name of Individual/Agency providing financial assistance	Date of Application	Approved	Amount of Assistance	Denial (letter must be attached)

Banking Information (all assistance will be deposited directly into a CIBC account):

Transit Number:	Account Number:
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If you do not have a CIBC account, please complete the following:

Mailing Address while in school: PO Box or Street Address Territory/Province Postal Code	
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Please update ASETS staff of any changes to mailing address while in school.

CONSENT CLAUSE, DECLARATION AND RELEASE OF INFORMATION

(To be completed by student)

1. I consent to and authorize the release of any personal information by my employer, banks or other financial institutions, mercantile organizations, aboriginal organizations, educational institutions and by federal, provincial, territorial and municipal government departments and agencies, including the Canada Customs and Revenue Agency to Dehcho First Nations ASETS. My personal information will be used to determine my initial and continued eligibility for funding and for the effective and efficient general administration and enforcement of the Dehcho First Nations ASETS Program.
2. In addition, I consent to and authorize the release of any personal information by Dehcho First Nations ASETS to any federal, provincial, territorial and municipal government departments and agencies for the purpose of the effective planning, development, delivery and monitoring of the Dehcho First Nations ASETS Program.
3. I understand that “personal information” means and includes:
 - my name, home or business addresses or home and business telephone numbers,
 - my national or ethnic origin;
 - my age, sex, marital status or family status, and date of birth,
 - my financial status and history;
 - any identifying numbers, symbol or other particular assigned to me such as my social insurance number, health care card number, or status card number;
 - information about my income tax returns and other taxpayer information as supplied to or from Canada Customs and Revenue Agency only; and
 - information about my educational or employment status and history.
4. Further I consent to and authorize the release of the personal information noted in clause (5) below, Dehcho First Nations ASETS to banks or other financial institutions, mercantile organizations, aboriginal organizations and education institutions. My personal information will be used to determine my initial and continued eligibility for funding and for the effective and efficient general administration and enforcement of the Dehcho First Nations ASETS Program.
5. I understand that the personal information that may be released to banks or other financial institutions, mercantile organizations, aboriginal organizations, and educational institutions are:
 - my name, home or business addresses or home and business telephone numbers;
 - my national or ethnic origin;
 - my age, sex, marital status or family status, date of birth; and
 - my financial status and history.

I agree to provide such additional consent to the release of my personal information as may be required from time to time by the Dehcho First Nations ASETS Program.

DECLARATION

I declare that the information submitted in this form and appendices are correct to the best of my knowledge.

I agree to:

- use any assistance received from the Dehcho First Nations ASETS Program funds towards the cost of my education and return any refunds of tuition or other fees and any Dehcho First Nations ASETS Program funds that I am not entitled to;
- immediately notify the Dehcho First Nations ASETS Program staff in writing if I change my status as a full-time student in an approved program, my study period, my marital status, the status of my dependents or financial status, any changes to my address(es), phone numbers and bank accounts;
- provide information or documents requested by the Dehcho First Nations ASETS Program staff to verify any statement made in this application; and
- to follow the terms and conditions of any funding documents that I may receive.

I understand that:

- I may have to repay my financial assistance now or in the future to the Dehcho First Nations ASETS Program if there are changes to my financial , marital, dependents or my status as a full-time student in an approved program;
- I may be denied financial assistance now and in the future, if:
 - I make false or misleading statement in this application;
 - I do not comply with a request from the Dehcho First Nations ASETS Program to provide information or documents so that information in this application may be verified;
 - my eligibility for Dehcho First Nations ASETS Program may be effected by income that I, or my spouse, receive from other sources; and
 - I have an outstanding debt to the Dehcho First Nations ASETS Program or its affiliates or to other funding agencies.

Signature of Student

Signature of Witness

Print name of student

Print name of witness

Date:

Date

Right to Appeal:

- **Clients applying for ASETS financial assistance have the right to appeal a decision of non-approval.**
- **Please discuss any questions or concerns with ASETS staff.**
- **Please be advised that DFN ASETS has the final word on the application approval process.**

ASETS Staff

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