



**Dehcho First Nations
ASETS Program**

ASETS Office use only:

Date Received: _____

Client # _____ Case File # _____ SC# _____

Local Target _____ CRF _____ EI _____

Application for Training/Educational Assistance

Please check any of the following if they apply to you:

<input type="checkbox"/>	Have you received Employment Insurance within the past 5 years
<input type="checkbox"/>	Are you currently receiving Employment Insurance
<input type="checkbox"/>	Are you in receipt of Income Support

Personal Information: All sections are mandatory, place a dash or line in sections that do not apply to you

Last Name:	First & Middle Name:
Social Insurance Number:	NWT Health Card Number: Expiry Date:
Date of Birth: ____ / ____ / ____ Day / Month / Year	Marital Status: Single __, Married __, Separated __, Common-Law __ (living together for 12 continuous months)
Treaty/Metis Number:	Spouses Name:
Permanent Dehcho Address: Box:	Home Phone or Cell Number:
Community:	Email Address:
NWT Postal Code:	Drivers License: Class ____, Prov ____ Expiry _____

Dependents: Please list all individuals who you are currently financially supporting.

Names (First and Last)	Date of Birth Year / Month / Day	Relationship

Please come to the DFN ASETS office if YOU ARE EMPLOYED AND ARE THINKING OF QUITTING YOUR CURRENT JOB TO ATTEND TRAINING.

- ASETS staff will counsel you and may provide an “Authorization to Quit”
- When “Authorization to Quit” is in place, you must apply for EI Benefits
- ASETS staff will submit an “EI Intervention” to Service Canada for you to continue receiving EI benefits while participating in your training program
- PLEASE NOTE: “Authorization to Quit” is not provided after you quit your job

Employment History: All sections are mandatory, place a dash or line in sections that do not apply to you

Current Employer:	Start Date	End Date
Job Title:		
Type of Industry:		
Reason for Leaving	Rate of Pay	
Former Employer:	Start Date	End Date
Job Title:		
Type of Industry:		
Reason for Leaving	Rate of Pay	

Safety Tickets, Trade Licenses or Certificates:

Name of Ticket/License/Certificate	Valid From	Valid To

Previous Education: All sections are mandatory

School/College/University Name & Community	Start Date		End Date		Highest Level Completed
	Year	Month	Year	Month	

WHAT DO YOU REQUIRE ASSISTANCE WITH: Check the desired activity?

<input type="checkbox"/>	Work Readiness – Academic Upgrading, Resume Development
<input type="checkbox"/>	Skills Development – Short-Term Training to Enhance my Employability, Resume Update
<input type="checkbox"/>	Post-Secondary Assistance – SFA Top-Up Assistance
<input type="checkbox"/>	Job Maintenance/Upskilling - On-the-Job Training or Wage Subsidy
<input type="checkbox"/>	Youth Programs – Summer Student Investment

Employment Barriers include: anything keeping you from getting employed

<input type="checkbox"/>	Lack of employment	<input type="checkbox"/>	Remoteness
<input type="checkbox"/>	Lack of work experience	<input type="checkbox"/>	Education
<input type="checkbox"/>	Lack of skills for employment	<input type="checkbox"/>	Economic resources
<input type="checkbox"/>	Lack of valid drivers license	<input type="checkbox"/>	Dependent care
<input type="checkbox"/>	Lack of transportation	<input type="checkbox"/>	Physical or mental barriers
<input type="checkbox"/>	Other	<input type="checkbox"/>	

Proposed Full-Time Education/Training Activity: (Attach program description)

Program Name:			
Institute Name:			
Community:			
Program Start Date		Program End Date	
Fall Term Start Date	Fall Term End Date	Winter Term Start Date	Winter Term End Date

APPENDIX “A” – CAREER PLAN

What is your long term career objective?

What do you have to do to achieve this objective?

How long will it take you to reach your objective?

How does your current proposed education/training activity fit into your long term goals?

APPENDIX “B” – BASIC ELIGIBILITY REQUIREMENTS

1. The applicant must be First Nation, Metis or Inuit.
2. Applicants requesting funding assistance **must live in the Dehcho Region for a minimum of six months.**
3. A career plan must be prepared – Appendix “A”
4. Full financial information must be disclosed, including a budget and sources of income – Appendix “C”
5. The applicant must provide approval/denial letters from other funding sources

APPENDIX “C” – FINANCIAL INFORMATION (All programs)

Please list all sources of income including: employment insurance, employer contribution, savings, spouses' contribution, family contribution, and income support

Name of Individuals or Agency Providing Financial Assistance	Date Applied	Attach Funding/ Denial Letters
NWT SFA (for all programs over 12 weeks in length)		
INAC UCEP (for up to two terms of academic upgrading)		
NWT ECE (when not SFA eligible)		
Employment Insurance		
Employer / Savings / Spouse / Family / Income Support		

One-Time Expenses: All sections are mandatory, place a dash or line in sections that do not apply to you

Description of Expense	Amount Per Term x ____ Terms
Tuition/course fees	
Text Books	
Supplies	
Travel	
Total One-Time Expense	

Monthly Expenses: All sections are mandatory, place a dash or line in sections that do not apply to you

Description of Expense	Amount Per Month x ____ Months
Rent	
Food & Personal	
Utilities	
Local Transportation	
Childcare	
Total Monthly Expense	

Referral: Were you referred to DFN ASETS: Yes _____ No _____

Who referred you: _____

PLEASE READ AND THEN SIGN THE CONSENT CLAUSE, DECLARATION AND RELEASE OF INFORMATION

1. In connection with my application for funding, I hereby authorize Dehcho First Nations (DFN) ASETS to request information regarding my academic progress and to request written documentation from the education institution, including official transcripts.
2. I hereby consent to the sharing of any information regarding my training and employment status and any aspect of this application, which may affect the Aboriginal Skills & Employment Training Strategy agreement between Employment and Social Development Canada (ESDC) and Dehcho First Nations ASETS.
3. I hereby apply to the Dehcho First Nations ASETS for financial assistance and declare and acknowledge that:
 - a. The information contained in this application is complete and true in every respect.
 - b. False statements may result in the termination of benefits, the recovery of benefits already paid and/or my ineligibility to receive any type of funding from DFN ASETS for a period of two years.
 - c. If I am suspended, released or do not complete my program, as described in the “proposed activities”, I will be required to reimburse DFN ASETS the full amount of the financial assistance received and that I may become ineligible for any type of funding from DFN ASETS for a period up to two years.
 - d. I will inform DFN ASETS staff of any changes to my funding from other sources.
 - e. DFN ASETS can at any time request verification of dependents residing with me.
 - f. The information contained in this document is shared with Employment and Social Development Canada. The applicant has the right, under the Privacy Act, to obtain this information from ESDC.
4. I hereby consent that DFN ASETS may use my photo, program, school and success story in any DFN material such as posters, newspaper stories/ads, website, etc.

I have read and will abide by the above agreement:

Signature of Applicant

Date: dd / mm / yy

Right to Appeal:

- **Clients who have been denied ASETS financial assistance have the right to appeal in writing, to the DFN Executive Committee.**
- **Please discuss any questions or concerns with ASETS staff.**

APPENDIX “D” – CHECK LIST

	If you are in receipt of any EI benefits, please ensure you check the box which applies to you (first page)
	Ensure your valid NWT Health Card Number is entered on application (first page)
	Attach copy of your Status Card/Metis Card
	List all dependents residing with you
	Attach letter of acceptance for the course/school you are attending
	Attach school letter outlining tuition, fees, books & supplies
	Attach a program description or outline of program you are enrolling in
	Attach any funding letters or denial letters
	Attach transcripts from previous institutions you have attended
	Attach a current resume and digital photo
	Full-time students must maintain 60% in-class course load
	Part-time students, please talk with ASETS staff

APPENDIX “E” – BANKING INFORMATION

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

Transit Number:	Account Number:
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WE Card

Account Number:	Expiry Date:
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If you do not have a CIBC account or WE Card, 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, email address, telephone and cell numbers while in school.

Other Information:

Please use separate sheet to provide other information you feel may be important in reaching a decision.

APPENDIX “F” – EDMONTON AREA SUPPORT FOR NORTHERN STUDENTS

Northern Student Education Initiative

The Northern Student Education Initiative (NSEI) is a program that helps NWT students attending post-secondary schools and training programs in the Edmonton area (some support services are available at Red Deer College). The Northern Student Services Advisor helps you with the resources available on campus and in the community.

Support includes:

- help with searching for housing;
- tours of post-secondary schools and introductions to student services on campus;
- introduction to city living such as the bus system, banking, shopping, child care resources, schools;
- personal and financial counseling;
- help in searching for and getting information, resources; and
- help with completing NWT SFA documents

The Northern Student Services Advisor can be contacted at:

Northern Student Education Initiative
12046 – 77th Street
Edmonton, AB T5B 2G7
Phone: 1-780-477-6648 ext. 235
E-mail: nona_german@gov.nt.ca

Other Student Supports

There are many other types of support that can help you succeed at school such as:

- counselors
- medical staff
- school staff
- Aboriginal liaison coordinators

Check your high school, college, or university website or calendar.

APPENDIX “G” – ASETS Staff

Dehcho First Nations – Box 89, Fort Simpson NT X0E 0N0

Phone: 695-2610, Toll-free: 1-866-995-3748, Fax: 1-867-695-2038

gloria_buboire@dehcho.org - Financial and Administrative Management of ASETS, DFN Scholarship Program

Maxine Norwegian Training2@dehcho.org – All Dehcho communities except Fort Providence

Diane Simba Training1@dehcho.org – All Dehcho communities except Fort Providence

Shelly Hardisty Training3@dehcho.org – Assists with all Dehcho communities except Fort Providence

Deh Gah Gotie First Nation – Box 200, Fort Providence NT X0E 0L0

Phone: 699-7005/7006, Fax: 699-3005

Shirley Gargan - lta@dehgahgotie.ca – Fort Providence residents

Destiny Thom – employmentassistant.dggfn@gmail.com – Assists with Fort Providence residents

Submitting an application requesting training/education assistance does not mean that you will be funded.

Priority will be given to applicants who are in good standing with the DFN ASETS program.

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.