

# **Dehcho First Nations**Indigenous Skills and Employment Training Program

ISET Program Office Use Only				
Name				
Date Received				
Type of Application				
EI CRF				

# **ISET Program Application**

Instructions: Complete the ISET Program application and submit it to the ISET Program office. Along with your completed application, please attach the mandatory supporting documents. Please be advised that all supporting documents must be fully submitted by the ISET Program deadline in order to be considered.

# **Submission Requirements**

Please make sure you have all the following documents that apply to you attached to your application.

Mandatory Supporting Documents	Attached
If you are in receipt of any EI benefits, please ensure you check the box which applies to you	
Attach copy of your NWT Health Care Card	
Attach copy of your Status Card	
List all dependents residing with you. Attach copy of Birth Certificate and NWT Health Care Card	
Attach letter of acceptance into the course/school you are attending	
Attach ISET Program Enrollment Form outlining tuition, fees, books & supplies	
Attach the Program description you are enrolling in (online and distance courses only)	
Attach primary funding acceptance or denial letter	
Attach most recent transcripts	
Attach a current resume	

# **Basic Eligibility Requirements**

- 1. Applicants must be First Nation, Metis or Inuit
- 2. Applicants requesting funding assistance must live in the Dehcho region
- 3. A career plan must be prepared
- 4. Full financial information must be disclosed, including a budget and sources of income
- 5. The applicant must provide approval/denial letters from other funding sources
- 6. Full-time students must maintain 60% in-class course load. Assistance not available for part-time students

Personal Information	h						
Last Name			Home Phone Number	Home Phone Number			
First & Middle Name(s)_			Cell Phone Number_	Cell Phone Number			
Maiden Name Date of Birth							
Social Insurance Number	)r	NWT Hea	alth Card Number	E:	xpiry Date		
Gender □Male □F	emale □Undi	isclosed Email					
Marital Status							
□Single □Commo	on Law (living to	gether for 12 consecutive mont	ths) □Married □D	Divorced □Separa	ated □Widowed		
If Married or Common	Law, please pro	ovide Spouse's Information					
Full Name				-			
Employment Status	⊒Employed □	☐Unemployed ☐Going to Sc	chool □El Benefits				
Employment Type	□Full-Time □	☐Part-Time ☐Casual	□Seasonal				
Current Home Addres	S						
Street Address	P.O Box	Apt/House #	City	Territory/Province	Postal Code		
School Home Address	<u> </u>						
Street Address	P.O Box	Apt/House #	City	Territory/Province	Postal Code		
Indigenous Identifica	ations						
Referred to ISET Progra	ım bv						
Registered to							
☐First Nation ☐In	uit □Métis	□Other Status	Number				
Community Registered Band Name							
Do you have a disability or suspect that you may have a disability? □Yes □No							
If yes, list or explain the nature of your condition							
Valid Driver License         □Yes         □No         If yes, please provide your driver license information							
Class Expiry Date Territory/Province Attained Do you own your own vehicle? □Yes □No							
Dependent Information							
Name (First an		Date of Birth	Relationship	Level of	f Education		

Employment History						
Employment Readiness						
$\square$ I am ready and willing to work	ork □Not ready for work			□Unable to work		to work-medical
If not ready to work or unable, please ex	plain					
Are You Currently Employed? □	Yes □No	If yes	□Full-Time	□Part-Time	□Casual	□Seasonal
Organization			Job Title			
Supervisor Name			Hourly R	!ate		
Start Date End Date	e	Will y	ou be working du	ring training? □Ye	s ⊡No ⊡Retu	rning once completed
Former Employer						
Organization			Job Title			
Supervisor Name			Hourly F	Rate		
Start DateEnd Date	e	Reaso	on for Leaving			
Employment Insurance (EI) Benefits						
Are you currently receiving EI Benefits?   Yes  No If yes, please provide the start date  Have you received regular/special EI Benefits within the last 5 years?   Yes  No						
Have you received maternal/paternal ber	nefits in the last 5 y	ears?	□Yes □No			
Income Assistance						
Are you currently receiving income assis	stance benefits?	□Yes	□No			
EDUCATION HISTORY						
Previous Education						
Educational Institution	Grade/Le	evel		Community		Date Complete
Safety Tickets, Trade Licences or Ce	ertification (Carpe	ntry, Med	chanics, Plumbi	ng) Attach copy	to applicatio	n
Ticket/Licence/Certificate	Level		Years of Experier	C tart	Date	End Date

Empley mant Borriers								
Employment Barriers								
□Lack of labour force attachn	nent	□Lack of marke	etable skills	□Lack of tra	ansportation	□Economic		□Remoteness
□Physical, emotional or ment	al health	□Lack of work	experience	□Education		□Language		□Dependant Care
□Other barriers not listed								
Proposed Education/Tra	ining							
Institution Program								
Community		Sta	art Date	End Date Year			· (	of a Program
□Full-Time □Part-Time [	□Short Co	urse □Online/	Distance					
□Licence □Certificate □I	Diploma	□Degree □C	Other					
Have you been accepted? □	∕es □l	No □Confirma	ation pending					
Expenses								
Budget	Ac	tual Cost		Funding ount		ram Top-Up ed Amount	Amo Progr	unt Approved ISET am Office Use Only
Tuition and Fees								
Books								
Supplies								
Travel								
Living Allowance								
Dependant Care								
Total Cost of Expenses								
Please List All Sources of Income								
Individual or Agency Providing Financial Assistance	,	Applied	Аррі	roved	Reje	ected	An	nount of Funding

### BANKING INFORMATION

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

Institution Number	Transit Number		Account Number	
WE Card				
Account Number		Expiry Date		
If you do not have a CIBC account or WE Card, you will receive a cheque in the mail to your school mail address provided				

on the ISET Program application. Please update ISET Program staff of any changes to mailing address while in school.

### Other Information

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

# 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) ISET Program 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 Indigenous Skills & Employment Training Program agreement between Employment and Social Development Canada (ESDC) and Dehcho First Nations ISET Program.
- 3. I hereby apply to the Dehcho First Nations ISET Program top-up 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 ISET Program for a period of two years
  - If I am suspended, released or do not complete my Program, as described in the "proposed activities", I will be required to reimburse DFN ISET Program the full amount of the financial assistance received and that I may become ineligible for any type of funding from DFN ISET Program for a period up to two years
  - d. I will inform DFN ISET Program staff of any changes to my funding from other sources as outlined above.
  - e. DFN ISET Program can at any time request verification of dependents residing with you or in which you are providing a monthly allowance for.
  - 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 ISET Program may use my photo, program, school and success story in DFN Assembly posters, newspapers, website, etc.

I have read and will abide by the above agreement.				
Signature of Applicant	Date			

Applying for the ISET Program top-up 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.

# **Right to Appeal**

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

# **ISET Program Staff Contact**

### Liidlii Kue

Address Dehcho First Nations ISET Program

Box 89 Fort Simpson, NT X0E 0N0

Phone 867-695-2610/2355 Toll-free 1-866-995-3748 Fax 867-695-2038

Josanne Kenny, Human Resources Development Manager
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Anita Leader, Employment Development Officer

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### **Deh Gah Gotie**

Address Deh Gah Gotie First Nation

Box 200 Fort Providence, NT X0E 0L0

Phone 867-699-3189 Fax 867-699-3005

Shirley Gargan, Employment Development Coordinator <a href="mailto:lta@dehgahgotie.ca">lta@dehgahgotie.ca</a>

Agnes Bonnetrouge, Employment Assistant Coordinator <a href="mailto:employmentassistant2@gmail.com">employmentassistant2@gmail.com</a>