


 CRF

 EI

ASETS APPLICATION

PERSONAL IDENTIFICATION

SIN		Title	
Surname		Given Name	
Gender	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth	

LEGAL IDENTIFICATION

Citizenship	CANADIAN	Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Common-law <input type="radio"/> Widowed
Preferred Language	ENGLISH	Spouse Name	
Do you have a Disability	<input type="radio"/> Yes <input type="radio"/> No	Number of Dependents	
Do you identify as a Visible Minority	<input type="radio"/> Yes <input type="radio"/> No	Are you receiving Income Support	<input type="radio"/> Yes <input type="radio"/> No

DEPENDENT INFORMATION *Dependent(s) – Must be living with you and under 18 years of age*

Name	Age	Date of Birth	Relationship	Living with me

ABORIGINAL IDENTIFICATION

Aboriginal Group	INUVIALUIT	Beneficiary No.	
Community Corporation	<input type="radio"/> Aklavik <input type="radio"/> Inuvik <input type="radio"/> Paulatuk <input type="radio"/> Sachs Harbour <input type="radio"/> Tuktoyaktuk <input type="radio"/> Ulukhaktok		

ADDRESS

Mailing Address	

CONTACT INFORMATION

Home Phone		Cell Phone	
Email Address			
Who to Contact in Case of Emergency		Emergency Contact Number	

EDUCATION INFORMATION (indicate if graduated)

Level	Institution	Program	Year- Completed

Examples for Level: High, School, License, Certification, Diploma, Degree, Undergraduate, Masters, Doctorate

TRADE INFORMATION

Trade	Level	Years of Experience

CERTIFICATES

Certification	Level	Expiry Date

DRIVERS LICENCE

Class	Number	Province/Territory	Expiry Date

EMPLOYMENT HISTORY (Please attach an up to date resume)

Employer	Title	Start Date	End Date	Reason for Leaving

EMPLOYMENT GOALS

Employment Goals	Plan to Succeed

BARRIERS (Identify each barrier you face)

Employment Barriers	Plan to Overcome
<ul style="list-style-type: none"> ○ Lack of labor force attachment ○ Lack of work experience ○ Lack of transportation ○ Remoteness ○ Language ○ Education ○ Economic ○ Dependent care ○ Lack of marketable skills ○ Physical, emotional or mental health ○ Other _____ 	

PROGRAM APPLIED TO (Or other funding request)

Program			
Institution			
Location			<input type="radio"/> Accepted <input type="radio"/> Confirmation Pending
Start Date		End Date:	Year ____ of a ____ Year Program
Level	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Distance Education		

Examples for Level: High School Diploma, License, Certification, Diploma, Degree, Undergraduate, Masters, Doctorate

* Please attach correspondence (required)

NWT STUDENT FINANCIAL ASSISTANCE (Deadline dates are July 15th and January 15th)

Applied for SFA	<input type="radio"/> Yes <input type="radio"/> No	Status of application	<input type="radio"/> Approved <input type="radio"/> Denied
If No, please explain why			

* Please attach correspondence (required)

EMPLOYMENT INSURANCE BENEFITS

Are you receiving EI	<input type="radio"/> Yes <input type="radio"/> No	If answer is Yes start date	
Worked full-time in last 6 months	<input type="radio"/> Yes <input type="radio"/> No	Received EI last 3-5 Years	<input type="radio"/> Yes <input type="radio"/> No

BUDGET PLAN (ask for assistance if required)

Description	Notes	SFA Funding	ASETS Funding
Tuition and Fees			
Transportation			
Required Books and Supplies			
Living Allowance			
Child Care Costs			
Other (case by case)			
TOTAL			

BANKING INFORMATION

Clients applying for a living allowance must have a CIBC banking account. Payments are made by direct deposit only and a Direct Deposit form (from the bank) must be provided to confirm banking details. We have supplied one for your convenience.

RECOMMENDATIONS

RECOMMENDATIONS			
OFFICE USE:			
APPLICATION RECEIVED DATE		APPROVAL DATE	
ASETS CASE MANAGER		CODING	

CONSENT CLAUSE, DECLARATION AND RELEASE OF INFORMATION

(Please read carefully)

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 the Inuvialuit Regional Corporation. 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 IRC ASETS Program.
2. In addition, I consent to and authorize the Inuvialuit Regional Corporation to the release of any personal information to any aboriginal organizations and/or federal, provincial, territorial and municipal government departments and agencies to assist me in the purpose of the effective planning, development, delivery and monitoring of the IRC 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 self-identifying assigned to me such as my social insurance number, health care card number, or personal identification number;
 - information about my educational or employment status and history.
4. I understand that the personal information that may be released to banks or other financial institutions, mercantile organizations, aboriginal organizations, government 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 Inuvialuit Regional Corporation.

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 funding received from the IRC ASETS funds towards the cost of my education and return any refunds of tuition or other fees and any IRC Employment and Training funding that I am not entitled to;
- immediately notify the IRC ASETS staff 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(s), phone numbers and bank accounts;
- provide information or documents requested by the IRC ASETS 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:

- all training funds are considered income under the Income Tax Act (Canada). IRC is obligated to report the amount of the Contribution on a T4A, provide the T4A to me, and I am required to include the amount of the Contribution when computing my income for the fiscal year;
- I may have to repay my financial assistance now or in the future to the Inuvialuit Regional Corporation 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 IRC ASETS Program to provide information or documents so that information in this application may be verified;
 - my eligibility for IRC ASETS funds may be affected by income that I, or my spouse, receive from other sources; and
 - I have an outstanding debt to the Inuvialuit Regional Corporation or its affiliates or to other funding agencies.

I consent to and authorize the release of any personal information by Inuvialuit Regional Corporation. My personal information may be used for effective planning and delivery of career development and employment initiatives of the IRC Career Centre.

SIGNATURES

Applicant Signature		Date	
IRC ASETS Signature		Date	