


 CRF

 EI

ISET PROGRAM APPLICATION

CLIENT INFORMATION

Surname		Given Names	
SIN #		Also Known As	
Date of Birth		Sex	<input type="radio"/> Male <input type="radio"/> Female
Marital Status	<input type="radio"/> Divorced <input type="radio"/> Married/Common-Law <input type="radio"/> Separated <input type="radio"/> Single <input type="radio"/> Widowed		

RESIDENCE/MAILING ADDRESS

Address		Postal Code	
Town/City		Contact Number	
Territory/Province		Email Address	

NEXT OF KIN/SPOUSE

Name		Address	
Town/City		Territory/Province	
Phone Number		Relationship	

PERSONAL

Citizenship	CANADIAN	Aboriginal Group	INUVIALUIT
Beneficiary Number		Referred By	
Language(s) Spoken		Language Preferred	
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 <input type="radio"/> Outside ISR		
Have a Disability	<input type="radio"/> Yes <input type="radio"/> No	Labour Force Category	<input type="radio"/> Employed <input type="radio"/> Student <input type="radio"/> Unemployed
Employment Readiness	<input type="radio"/> Not Ready to Work <input type="radio"/> Ready to Work <input type="radio"/> Unable to Work <input type="radio"/> Working		
Own a Vehicle	<input type="radio"/> Yes <input type="radio"/> No	License Class	
Territory/Province		Expiring	

DEPENDENTS (Under 18 years old and living with you)

Surname	Given Names	Date of Birth	Relationship	Living with You

EMPLOYMENT HISTORY (Information must be filled out in full including dates)

Employer	Job Title	Start Date	End Date	Reason for Leaving

ACTION PLAN ASSESSMENT (filled out by ISET Program Staff)

Employment Dimension	Employment Status (Start)	Is Childcare Required	Action Plan Description
Employment Barriers		Plan to Overcome	
1. None 2. Lack of labor force attachment 3. Lack of work experience 4. Lack of transportation 5. Remoteness 6. Language 7. Education 8. Economic 9. Dependent care 10. Lack of marketable skills 11. Physical, emotional or mental health 12. Other _____			

PROGRAM INFORMATION

Program/Other			
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		

EDUCATION INFORMATION (Trades etc.) (indicate if graduated)

Level	Discipline	Certification	Date Completed	Institution

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

EMPLOYMENT SEEKING

Industry Type	Job Title	Special Needs	Comments

NWT STUDENT FINANCIAL ASSISTANCE (Deadline dates are June 30th 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 (i.e. NA)			

* 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	ISETP Funding
Tuition and Fees			
Travel to School			
Required Books and Supplies			
Living Allowance			
Child Care Costs			
Accommodation			
Other Costs (indicate)			
TOTAL			

BANKING INFORMATION

Clients applying for a living allowance must provide banking information for EFT. We can do WE cards as well.

RECOMMENDATIONS			
OFFICE USE:			
APPLICATION RECEIVED DATE		APPROVAL DATE	
ISET PROGRAM 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 Indigenous Skills Employment Training Program (ISETP).
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 ISETP.
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 ISETP 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 ISETP 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 ISETP 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 ISETP to provide information or documents so that information in this application may be verified;
 - my eligibility for IRC ISETP 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 ISETP Signature		Date	