



MUSHKEGOWUK COUNCIL

Box 370
Moose Factory, ON, POL 1W0

Tel: 705-658-4222

Fax: 705-658-4250

Client Checklist Summary

Attawapiskat
First Nation

Please allow a minimum of 4 weeks for processing your application prior to the beginning of your training course. Requests for Pre-Employment Support & Mobility should be submitted as soon as possible to allow for processing.

Kashechewan
First Nation

IMPORTANT: All the items below must be provided in order for your application to be processed.

Fort Albany
First Nation

- ☐ Application Form
- ☐ Participant Information Form
- ☐ EI Verification Form
- ☐ Client Consent Form
- ☐ Copy of Status Card or Proof of Indian Status
- ☐ Copy of SIN card
- ☐ Current Resume
- ☐ Minimum of 2 job postings in related field of training
- ☐ Letter from you – relating the training to future employment goals/opportunities
- ☐ Letter of acceptance from training institution (Purchase of Training only) OR
- ☐ Letter confirming job interview or job offer (Pre-Employment Support only)

Moose Cree
First Nation

New Post First
Nation

Chapleau Cree
First Nation

Missanabie Cree
First Nation

Please note that a Community Development Officer may be in contact with you to ask questions in regards to your request. Ensure that you provide current contact information where you can be contacted.

Thank you.



MUSHKEGOWUK COUNCIL EMPLOYMENT & TRAINING SERVICES

P.O. Box 370, Moose Factory, Ontario P0L 1W0 Tel (705) 658-4222 Fax (705) 658-4250 Toll Free 1-800-265-6807

APPLICATION FOR: FIRST NATIONS’ INDIVIDUAL INITIATIVES

- ☐ Purchase of Training
- ☐ Pre-Employment Support
- ☐ Mobility Assistance

Please ensure the following forms are completed:

- ☐ Participant Information Form
- ☐ E.I. Verification
- ☐ Client Consent Form
- ☐ Resume (attached)

Name of Applicant:	SIN #:
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Has client requested training from any other agencies? If so, explain outcome (attach letters)

SECTION A - PURCHASE OF TRAINING			
(Please complete this section if you are applying for financial assistance to participate in a course)			
Duration of Activity	From	/	To
Attendance	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	# of hours per week: # of weeks:
Course Title			
Level of Education required to enroll in Training			
Location of Activity			
Is there a work placement as part of the training program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Institution Completing Training (attach training plan and costs with 2 quotes)			
Institutional Acceptance		<input type="checkbox"/> Conditional	If so, on what?
		<input type="checkbox"/> Final	
FINANCIAL REQUIREMENTS			
Course Costs and Materials			
<input checked="" type="checkbox"/>	Course Costs/Tuition		
<input checked="" type="checkbox"/>	Books & Supplies		
<input checked="" type="checkbox"/>	Other Materials Required		
Total Course Costs and Materials		Sub-total	\$
Income Support Requirements			
<input checked="" type="checkbox"/>	Allowance @ \$200.00 weekly		
<input checked="" type="checkbox"/>	Dependant Care/Day Care (if applicable)		
	(Spouse income-weekly:)		
<input checked="" type="checkbox"/>	Travel - Commuting		
<input checked="" type="checkbox"/>	Other		
		Sub-total	\$
Continue if Course is away form home:			
(Maximum allowed of \$100.00 per week for the total living away from home expenses)			
<input checked="" type="checkbox"/>	Accommodation		
<input checked="" type="checkbox"/>	Travel away from Home		
<input checked="" type="checkbox"/>	Other Costs		
Are these costs		<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
		Sub-total	\$
		Total Request	\$
Once you have completed Section A, please skip to Section D – Thank You!!			



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SECTION B –MOBILITY

(Please complete if you are applying for Mobility Assistance)

Reason for request _____

Letter of confirmation of employment from employer attached ☐ Yes ☐ No

Quotes of Travel Cost

Air	_____
Public	_____
Private	_____
Other	_____

Have you approached other sources of funding? (If yes, attach letters of refusal) ☐ Yes ☐ No

Once you have completed Section B, please skip to Section D – Thank You!!

SECTION C – PRE-EMPLOYMENT SUPPORT

(Please complete if you are applying for Pre-employment support)

Reason for request _____

Letter of confirmation of employment from employer attached ☐ Yes ☐ No

Pre-employment Support Quotes (2 quotes required)

Have you approached other sources to cover the costs? (If yes, attach letters of rejection) ☐ Yes ☐ No

Once you have completed Section C, please skip to Section D – Thank You !!

SECTION D - EXPECTATIONS

In summary, state what your expectations and goals are, (should your application be accepted) once the intervention is completed.

SECTION E - SIGNATURE

I certify that the above information is accurate and true to the best of my knowledge. If funding is approved, I will adhere to MCETS program policy guidelines. Failure to do so or knowingly providing false information will result in funding (if approved) being revoked.

Client Name: _____ Client Signature: _____

Date: _____



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PARTICIPANT INFORMATION FORM

The following information is required by **MUSHKEGOWUK** for funding purposes. This form must be completed by **all** participants prior to project or training commencement. All information is confidential and will be utilized to determine eligibility for **METS** programs. We will use this as a tool to base your income support should you be successful in acquiring approval as a participant or for funding.

(For office use only) Sponsor	File #
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Have you received prior training through METS/HRDC? ☐ No ☐ Yes: When ? _____
Did you complete the training: ☐ Yes ☐ No

1. Personal Information		Social Insurance Number :			
Last Name :		First Name :		Middle Initials :	
Home Phone :					
Date of Birth : (day/month/year) :					
Local Address :			City / Prov / Postal Code:		
Labour Force Attachment: <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Student					
Current Income Benefits: (Monthly) <div><div><input type="checkbox"/> Canada Pension \$ _____ <input type="checkbox"/> Private Insurance _____ <input type="checkbox"/> Family Benefits _____ <input type="checkbox"/> Social Assistance _____</div><div><input type="checkbox"/> Employment Insurance \$ _____ <input type="checkbox"/> No Income Benefits _____ <input type="checkbox"/> Worker(s) Compensation _____ <input type="checkbox"/> Other _____</div></div>					
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Single					
Does spouse have a source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If so, please state amount: \$ _____ /weekly					
2. Characteristics		Language: <input type="checkbox"/> English <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> French <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read			
<input type="checkbox"/> Other					
<input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Non-status <input type="checkbox"/> Status		Residency: <input type="checkbox"/> On-reserve <input type="checkbox"/> Off-reserve			
First Nation : Band # (10 digits):					
Dependant(s) – Ages: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____					
Do you consider yourself to be a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, specify :					
Do you have a valid driver’s license? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of License: Class					
Do you own or have access to transportation? Car Bus Other:					
Are you willing to relocate? Yes no Please specify? Preference:					
3. Education		Highest Grade / Level Completed: _____ Year			
		Other Training (CPR, H.E., etc.,) _____			
4. Employment History					
Work Preference:		1. _____ 2. _____			
Current / Last Employer: Job Title:					
From (day / month / year): To: (day / month / year):					
Reason for leaving: <div><div><input type="checkbox"/> Accepted another job <input type="checkbox"/> Business closure <input type="checkbox"/> Conflict of interest <input type="checkbox"/> Downsizing <input type="checkbox"/> Returned to school</div><div><input type="checkbox"/> End of seasonal work <input type="checkbox"/> Fired <input type="checkbox"/> Illness <input type="checkbox"/> Incarceration <input type="checkbox"/> Other</div><div><input type="checkbox"/> Pregnancy <input type="checkbox"/> Quit <input type="checkbox"/> Moved <input type="checkbox"/> Retired</div><div><input type="checkbox"/> Shortage of Work <input type="checkbox"/> Project completed <input type="checkbox"/> Strike or lockout <input type="checkbox"/> End of contract</div></div>					
First Previous Employment: Job Title:					
From (day / month / year): To: (day / month / year):					
Reason for leaving: Paid Unpaid / volunteer					
Second Previous Employment: Job Title:					
From (day / month / year): To: (day / month / year):					
Reason for leaving: Paid Unpaid / volunteer					
PARTICIPANT SIGNATURE: DATE:					



CLIENT CONSENT FORM

TO administer and evaluate the effectiveness of the Mushkegowuk Employment & Training programs and services, personal information about the client is required by;

- Service Canada (formerly Human Resources Development Canada (HRDC))
- Primary Funding Agencies, such as Local Delivery Mechanisms (LDMs), Contribution Agreements and Regional Bilateral Agreements (RBAs)
- Organizations providing training (training deliverers)

TO be eligible for participation in Mushkegowuk programs and services, the Client must provide the information requested and must consent to the collection, disclosure and use of that information, as described in this notice by signing the consent and release below.

SOME of the information will be asked directly from the Client, such as gender, marital status, income, disability, age etc. This information is required for statistical collection and is used for reporting purposes in evaluating the programs and services.

OTHER organizations as described below may be contacted in order to obtain appropriate facts which aid in making informed decisions.

- 1) To confirm a Client's request for funds, information may be required directly from;
 - a) The federal government about exhausted Employment Insurance benefits or current status on Employment Insurance claim,
 - b) Ministry of Community and Social Services, First Nation, or municipality welfare office about receipt of social assistance,
 - c) Workers Compensation Board or other disability insurer about receipt of Workers Compensation or disability insurance benefits,
 - d) Other relevant agencies.
- 2) Information may be required from Local Delivery Mechanisms when an individual's origin is outside the Mushkegowuk area but the client resides in the Mushkegowuk area and is requesting financial assistance. Information may be requested from other primary funding agencies in other provinces when a client is requesting financial assistance and he or she originates from that province but is living in the Mushkegowuk area or vice versa.
- 3) Verification of Indian status and affiliation must occur prior to assessment of request. This information will be confirmed by a Mushkegowuk staff member and a First Nation membership clerk/Band Administrator.
- 4) Participant information may be provided to employers when making referrals for potential jobs.
- 5) Clients may be referred to other agencies or organizations to access other services.
- 6) By signing this client consent form, the client authorizes the release of any test results, reports and other information that concerns the individual to Mushkegowuk Employment & Training Services from their training programs.
- 7) Should I be successful in obtaining funding from Mushkegowuk Employment & Training Services, I will allow Mushkegowuk Employment & Training Services to publish my name as a participant on a project funded through them.

CONSENT TO REQUEST AND RELEASE INFORMATION

I have read this document, or have had this document read to me, and fully understand the above notice and do consent to the collection, disclosure and use of my personal information as described herein.

Signature _____ **Print Name Here** _____

Social Insurance Number _____ **Date** _____