### Dear Applicant:

On behalf of Sahtu Dene Council, we would like to thank you for your interest in the SAHTU Indigenous Skills and Employment Training Strategy (ISETS) funds. ISETS Manager will review your application for eligibility for financial support for employment, training program and services.

### Description of Eligibility Criteria:

- All First Nations, Metis and Inuit peoples residing in the geographical areas known as Deline, Fort Good Hope, Norman Wells, Colville Lake and Tulita in the Northwest Territories;
- Application must be completed in full.
- Applicants must have proof of application/rejection from other funding agencies.
- Applicants who were previously funded and were terminated or did not complete their training/education may not apply for three (3) years.
- A complete career plan/goals to be completed.

Thank you for your interest in the Indigenous Skills and Employment Training Strategy.

### YOU MUST SUBMIT AN APPLICATION EVERY YEAR BY YOUR APPLICABLE DEADLINE Note: Applicants will not be funded for training already started

#### CLIENTS ARE FUNDED PENDING: LABOUR MARKET DEMAND AND FUNDING AVAILABILITY

Return to:	Semester Funding
Attn: Brenda Baton	Application deadline is:
Box 173	Fall July 15
Deline, NT	Winter November 15
X0E 0G0	Spring/Summer March 15
Ph: (867) 589-3020	
Toll Free 1-855-232-7387	Skills Development/Training
Fax: (867) 589-3026	
E-Mail: sdc.isets@sahtu.ca	Application deadline is:
	One calendar Month prior to beginning of training

# INDIGENOUS SKILLS and EMPLOYMENT TRAINING STRATEGY SAHTU REGION

Please read the application form carefully and note that the form must be completed in full. Failure to do so may result in delays to reviewing the application.

### PERSONAL INFORMATION

Surname		First and Middle Names		
Surname		That and whole rames		
Social Insurance Number		First Nation/Inuit/Metis Status		
Date of Birth (y/m/d)		Marital Status		
Check of you are	List Nature of Disability	Valid Drive	rs License	Province Attained
Disabled		Yes □	No 🗆	
Languages Spoken		Language Written		
Current Mailing Address		No of Dependants		
Town/City & Territory/Province		Postal Code		
Telephone Number		Fax Number		
36.91	1 (10 1100 1100 110	T. (G)		
Mailing Address while at sci	nool (if different from above)	Town/City		
m '' m '		Post 1 Co. 1		
Territory/Province		Postal Code		
Email Address				

### **DEPENDENTS**

Please list all individuals who are financially dependent upon you for support

Name of Dependent	Date of Birth		h	Relationship to You
	Year	Month	Day	

### **SPOUSAL INFORMATION**

If you are married or living common-law please complete:

Name		Date of Birt	h	S.I.N. #
	Year	Month	Day	
Is spouse currently working? If yes for whom		Yes		
Is spouse on an EI Claim? If yes please advise weekly be		Yes	No_	
Is spouse attending school? If yes		Yes	No_	
Institution		Program		
Start Date				
If yes is he/she receiving SFA If yes please advise monthly a				

### **CHILD CARE SERVICES** (for students applying for Child Care Subsidy)

Child Care Service Used	Monthly Cost
Day Care ~ please give name	
Pre School ~ please give name	
Home Care ~ please give name of caregiver	
Relative ~ please give name of caregiver	
Other ~ please give specific details	
Other ~ please give specific details	

### **PREVIOUS EDUCATION**

Please list all previous education including elementary, secondary and post-secondary information.

Name/Location	From	To	Grade Completed
Of School	Year	Year	Type of Certificate
	Month	Month	Awarded

List any <u>Trade Licenses</u> or <u>Certificates</u> you possess:					
WORK HISTORY					
Company Name of Last/Present Employer	•	Period of Employme		-, -	D/M/Y
Job Title		From  Reason For Leaving			То
Company Name of Last/Present Employer		Period of Employme	> D/M		D/M/Y
Job Title	R	From  Reason For Leaving	·:		То
			,		
PROPOSED STUDIES: Please insure that you complete Ap the help of a career counselor.	pendix "A" –	Career Objective	es. This	should	be done with
Program Name		Name/Location of	School or	Training	Institute
Course Start Date Year Month	Day	Course Finish Date Year Month	Day		tificate loma
Year of Study	<u> </u>	• •		DCg	3166
1234 Other Will you be a full-time Student?	– please speci	ify			
·					
SOURCES OF FINANCIAL ASS To what other agencies have you ap funding, including support from far apply to Income Support, Student F letters indicating your approval or r	oplied for and/ mily and/or en Financial Assis	nployer. Please n stance and Emplo	ote that	you are	required to
Name of Individual/Agency Providing Financial Assistance	Applied To	Rejected (Letter must be included)	Appr	oved	Amount of Funding (\$\$)

Year Received and Type of Funding	Program of Studies	Name/L	ocation of School	Completion Information (successfully completed, Incomplete, withdrawn)
BANKING II	NFORMATION	1		
D 11 T	on		Name on Account	
Banking Instituti				
Banking Institution			Bank Account Num	ber

#### RELEASE AGREEMENT AND APPLICANT'S DECLARATION

- 1. In connection with my application for funding, I hereby authorize the Sahtu Dene Council 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 and Employment Training Strategy Agreement between Service Canada and Sahtu Dene Council.

#### 12.) CONDITIONS OF SPONSORSHIP

I understand the following as conditions for sponsorship by the Sahtu Dene Council:

- 1.) To attend classes regularly and consistently- **submitting monthly attendance**;
- 2.) To consult with my ISETS Employment Training Officer if any problems arise academically, emotionally, physically, or financially;
- 3.) To adhere to school regulations and meet the standards required by the institution for continuation in my program of studies;
- 4.) To provide my marks and reports to the Sahtu Dene Council upon their request;
- 5.) To adhere to any rules and regulations as may be advised to me by my sponsoring ISETS:
- 6.) To accept responsibility for satisfying the academic or training requirements for the above institution and managing the educational assistance funds to the best of my ability:
- 7.) I understand that if I do not meet the academic requirements and attendance conditions of my sponsorship and of the educational institution, that the Sahtu Dene Council maintains the right to withdraw full sponsorship of my application and that I will be disqualified for future sponsorship for three (3) years;
- 8.) False or misleading statements may result in the termination of benefits, recovery of benefits already paid, and/or ineligibility to receive any type of education and training benefit from ISETS for a period of three (3) years.

Signature	Date	

### APPENDIX "A" CAREER DECISION MAKING

This Appendix must be completed so please fill all areas where possible.
ISETS Manager
Agency
Date of Career Counselling
Please explain how you have researched your career/employment goal?
Explain how you have researched employment opportunities in your area?
Do you know if there is a demand for that occupation in the area where you are prepared to work?

Please list any other skills that you may have (hunting, gardening, office work, trapping, arts and crafts, driving, child care, cooking, carpentry etc...

# Appendix "A" Job Search (continued)

How do you go about searching for jobs?
Where did you learn how to create a resume and gain interview skills? Are you confident during interview? If no please explain.
Do you have positive work reference available?
List 5 things your past employers would say about you if another employer were to request your
reference.
1
2
3
4
5
Are you ready, willing, and able for school and /or work?
Explain your skills level pertaining to the program you are applying for?
Is there demand a for these skills?

## APPENDIX "B" FINANCIAL INFORMATION

Students must investigate the cost of tuition, textbooks and other costs before leaving for school so that realistic budgets can be prepared.

### Breakdown of Expenses for Education or Training Project $\underline{not\ covered}$ by Student Financial Assistance.

Expenses	Amount
Tuition or other course fees	
Textbooks	
Uniforms, Safety Equipment, etc	
Accommodations	
Meals	
Travel	
Childcare	
Total Expenses	
Amount to be contributed by Student (if applicable)	
Total Amount Requested	

### **APPENDIX "B" Financial Information (continued)**

### Monthly budget for ALL Applicants

Revenue/Expenses	<b>Monthly Amount</b>
Revenue	
Student Financial Assistance	
Employment Insurance	
Income Support	
Spouse's Income	
Other income such as Widow's Pension, Other Pension, Workers Compensation, Child Tax Benefit Please specify:	
Total Revenue	
Expenses	
Rent – Name of Landlord Ph #:	
Utilities	
Groceries	
Transportation (Bus pass)	
Child Care	
Revenue minus Expenses	
Total Expenses	

### APPENDIX "C" BASIC ELIGIBLITY REQUIREMENTS

#### **General Criteria**

The following deadlines apply: Semester Deadline

Fall July 15

Winter November 15 Spring/Summer March 15

Late applications may be considered. However, students are encouraged to respect the deadlines.

Students are responsible for investigating all expenses prior to leaving for school so that an accurate budget can be prepared and no additional costs will be incurred.

Students must complete the application in full.

Funding available to all First Nations, Inuit and Metis people residing in the **Sahtu Settlement** Region for the last five years.

Members of the Sahtu Dene Metis Land Claim Agreement who are residents of another community are expected to apply to ISETS delivery agents in their community of residence first. If they have been rejected there application will be referred to the other ISETS holders in your area.

### **Policies**

All applicants are obliged to seek funding from other sources such as Student Financial Assistance where available.

The program does not sponsor clients who are attending high school.

The program does not sponsor clients if they quit their current employment that has an average income.

The program does not sponsor clients who have full time jobs, unless their jobs are being jeopardized without specific training.

The program does not sponsor part time studies.

Applicants will not be funded if they owe money to the program.

Applicants who have previously been funded and have not completed their program will be given a lower priority than other applicants.

Students who receive Student Financial Assistance are not eligible to apply to the Program unless their living expenses exceed allowance available through SFA.

The program does not sponsor advanced education unless it is unavailable in this home community.

Priority consideration will be given to applicants who have recently been laid off.

For more information regarding the ISETS please contact ISETS Manager Brenda Baton:

#### OTHER EDUCATIONAL PROGRAMS & SERVICES

www.nwtsfa.gov.nt.ca ~ provide students in the NWT with Financial assistance to attend postsecondary institutions on-line application available.

<u>www.auroracollege.com</u> ~ northern post secondary institution, find out what programs are offered, course outlines, eligibility, applicant assessment, admission, information, objectives, completion requirements.

www.siksik.learnnet.nt.ca ~ GNWT E C E, information regarding funding for Day Care Subsidies.

<u>www.inac.gc.ca</u> ~ Post Secondary Education Program ~ all aboriginal students may qualify for financial support for tuition, books and other educational costs. Scholarships, bursaries and awards are also available.

<u>www.canlearn.ca</u> is Canada's one-stop resource to find learning and educational opportunities, research occupations, develop learning strategies and create financial plans.