

ISETP Client Application

**** When submitting an application you MUST:**

1. Submit your completed application **AT LEAST** 30 days prior to the beginning of any courses you are wishing to be sponsored for.
2. Submit all supporting documentation prior to approval. This includes acceptance letter, tuition & book costs, employment confirmation (if applicable),
3. Provide photocopies of at least 2 pieces of ID (Driver's License, Status Card, Provincial ID card, etc), as well as a copy of your Social Insurance Card or other legal document that can verify your Social Insurance Number validity.

If your application is successful:

You **MUST** participate in an in-depth career counselling session that will result in a signed Client Action Plan.

PLEASE NOTE:

- The **LSLIRC Small Urban program**, in its absolute discretion, may require repayment in full or in part for failure to complete the goals agreed to in your Client Action Plan.
- The funding that you receive from this program is **TAXABLE INCOME** under the Income Tax Act (Canada 1972). You will receive a T4A from LSLIRC indicating funds that you have received and **YOU WILL BE RESPONSIBLE FOR TAX ON THESE FUNDS**.

Appeal Process:

If your application is declined for any other reason than lack of sufficient funds, you may submit a written appeal to the Lesser Slave Lake Indian Regional Council's Director of ISET program. All appeals should be addressed:

ATTN: Director of ISETP, Lesser Slave Lake Indian Regional Council
Box 1740
High Prairie, AB
T0G 1E0
“Private and Confidential”

ISETP Client Application
CRF #016513939 EI#016470486

Application Date: _____

Personal Information:

Social Insurance Number _____ / _____ / _____	Mr. Mrs. Ms. Miss	Last Name: _____ First Name: _____ Middle Initial(s): _____	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unspecified
Date of Birth: (yyyy/mm/dd) _____ / _____ / _____		Treaty Number: _____ First Nation Name: _____	
First Nation Residency: <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve			
Mailing Address: _____ _____			
Street Address: _____			
Telephone Number: _____		Email address: _____	
Emergency Contact Number: _____			
Emergency Contact Person: _____			
Relationship to applicant: _____			
Marital Status: Single Married Common-law Divorced Separated Widowed			
Name of Spouse (if applicable): _____			
Number of Dependent Children: _____			
Name: _____		Age: _____	
Name: _____		Age: _____	
Name: _____		Age: _____	
Name: _____		Age: _____	
Name: _____		Age: _____	
Name: _____		Age: _____	
Do any of the above children have special needs? Yes No			

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Preferred Language: English French Aboriginal Language Other (specify): _____

Preferred Language Skill Levels: Speaking: Very Good Good Average Poor
Writing: Very Good Good Average Poor
Reading: Very Good Good Average Poor
Listening: Very Good Good Average Poor

Current Employment Status: Employed Unemployed Student

If employed: NOC/Position Title: _____

Full Time Part Time (hours worked per week: _____)

Are you currently in receipt of EI? Yes No

If 'Yes', start date and claim type: _____

Have you received EI in the last 3-5 years? Yes No

Are you currently receiving Income Support benefits? Yes No

If 'Yes': Start date: _____ Provincial OR Federal (at First Nation)? _____

Location: _____

Do you have a valid driver's license? Yes No License Class: _____ Province: _____
License #: _____
Expiry date: _____

Do you have a vehicle? Yes No

Do you have any health or disability issues that would have an effect on your employment and/or training? Yes No If 'yes', please specify: _____

Do you consider yourself a Person With a Disability? Yes No
If 'yes', please specify any special needs that you may have in regards to your training or employment: _____

Education, Employment and Skills Information:

Grade Completed: _____ Where? _____

City and Province: _____ Year _____

Upgrading Level: _____ GED: _____

College/University: _____ Year completed: _____

Certificate Diploma Degree Program attended: _____

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Are you a registered apprentice or journeyman? Yes No

Trade Name: _____

Apprenticeship Year: _____

J Journeyman since (year): _____

Do you have the appropriate tools and safety equipment required? Yes No

Certificates/Safety Tickets:

First Aid: Yes No Level: _____ Expiry date: _____

WHMIS: Yes No Expires: _____ TDG: Yes No Expires: _____

H2S: Yes No Expires: _____ PST/CSTS: Yes No

Other, specify with expiry dates: _____

Employment History:

	Most recent employer	Second most recent employer	Third most recent employer	Fourth most recent employer
Company				
Job Title & description				
Start Date				
End Date				
Final wage				
Average Hours Worked Per Week				
Reason for leaving				

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Are you seeking employment at this time? Yes No If 'no', reason: _____

What type of work are you most qualified for at present time? _____

Are you willing to relocate for employment? Yes No Where? _____

How long have you been unemployed and actively seeking work? _____

What is your long term career goal? _____

What is your short term employment goal? _____

What training do you require to reach these goals? _____

How would you like the **Lesser Slave Lake Indian Regional Council's Small Urban program** to help you reach your employment goal?

Perceived Barriers to Employment (circle/check all that apply):

None Lack of labour force attachment Lack of work experience Lack of transportation

Remoteness Language Education Lack of marketable skills Physical/mental health

Dependent care Economic Other barrier not listed - specify: _____

Have you been funded by the **LSLIRC Small Urban Program** before? Yes No

If 'yes', when and specify what you were funded for: _____

Have you been funded by any of the following First Nation ISET programs? Yes No

Sawridge Swan River Driftpile Sucker Creek Kapawe'no

If 'yes' please specify when and what you were funded for: _____

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CLIENT CONFIDENTIALITY AND CONSENT FORM

This information is collected under the authority of the **Lesser Slave Lake Indian Regional Council's ISET program**. It is used to determine program eligibility, to conduct program evaluation, and to fulfill contractual obligations with Employment and Social Development Canada (Service Canada). The Lesser Slave Lake Indian Regional Council may disclose such information where legally authorized to do so.

Under the provisions of the *Privacy Act* of Canada and Alberta *Freedom of Information and Protection of Privacy Act*, individuals have the right to protection of, and access to, their own personal information. Instructions for obtaining personal information are available by contacting the Director of ISETP for the Lesser Slave Lake Indian Regional Council. The Director can be reached at 780-523-4401 or Box 1740 High Prairie, AB T0G 1E0 by mail.

Client Declaration (to be completed by the client and/or legal representative)

I, the undersigned, have read and understand this application form. I acknowledge that the information provided by me is accurate. I also understand that my personal information is protected under the Service Level Agreement that has been entered into by the Employment and Social Development Canada and the **Lesser Slave Lake Indian Regional Council**. I authorize the **Lesser Slave Indian Regional Council** to collect, verify and supplement the information requested in this form.

Repayment Understanding

I, the undersigned, have read and understand that I will be responsible for repayment in full or in part for failure to complete the goals agreed to in the client Action Plan. I also understand that it is my own responsibility to pay for re-certifications for the safety tickets that I have been sponsored for through this program.

Name: _____ <small>Full name, including initials. Please Print.</small>	Date: _____ / _____ / _____ <small>yyyy mm dd</small>
Signature: _____	

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ACTION STEPS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Action Plan Agreement

The undersigned hereby agrees that the attached pages/documents constitute the Action Plan developed by the service organization (LSLIRC Small Urban) and the service recipient (Client). As the service recipient, I commit to making my best efforts to implement this Action Plan in full.

Commitment of the Client

I commit to carry out the activities and interventions of my plan. I also authorize an exchange of information on my progress between the Service Providers who help me with my action plan and their funders.

Name: _____ <small>Full name, including initials. Please Print.</small>	Start Date: <hr style="border-top: 1px solid black; margin-bottom: 5px;"/> <small>yyyy / mm / dd</small>
Signature: _____	

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Office Use:

LMDA Verification Result: EI Part II Eligible - Active....Section 25 referral sent on _____
- reachback
- premiums paid eligibility

Non-insured (CRF funding eligible only)

Action Plan Outcome Information

Outcome Date: <hr/>	<ul style="list-style-type: none">• Employed: Start date - _____ NOC/Position Title - _____ Wage - _____ hourly/biweekly/weekly/annually Employer - _____• Return to School: Start date - _____ Program - _____ Institution - _____ Expected end date - _____ Education level upon completion - _____• Stay in School: Program - _____ Institution - _____ Expected completion date - _____ Education level upon completion - _____• Self-employed: NOC - _____ Business name - _____ Expected earnings - _____• Ready for work• Unemployed but available for work• Unspecified - client could not be reached• No longer in labour force
Highest level of Education Upon Intervention Exit	
Additional Information ie// successful completion notes, reasons for failing to complete intervention, etc	