

Saulteau First Nations ISET Program Application

File Number (Course of Funding):			
File Number (Source of Funding): CRF#	□ EI#		
CLIENT IDENTIFICATION	— . 		_
CLIENT IDENTIFICATION			
Last Name	First Name		Middle Name(s)/Initials
Maiden Name (if applicable)	Date of Birth (YYYY-MM-D	DD)	Social Insurance Number (SIN)
GENDER			
□ Male	□ Female		□ Unspecified
CONTACT INFORMATION			
And the state of t	Street Address or Box Num	•	
Apartment/Unit # (if applicable)	Street Address of box Num	ber	
City/Town/Community	Province		Postal Code
Telephone Number (including Area Code)	Other Number for Messag	es	Email Address
SOURCE OF INCOME			
Social Assistance Recipient (Provincial OR First Na	tion):	□ Yes	
El Claimant: □ Employment Insurance Claimant → Gross □ Former El Client or Premiums Paid Eligible (*On E	El Benefits in the past 60 months	s (Reach-back) or PPE - ha	
☐ Non-Insured Client	ars and hadn't received a refun	d of those premiums on an	Income Tax Return)
Other (please specify):			
LANGUAGES SPOKEN			
□ English Only □ French Only □ English and French □ Indigenous Language(s) Only □ Indigenous Language(s) and English □ Indigenous Language(s) and French □ Indigenous Language(s), English and French □ None of the Above	Specify	f:	
INDIGENOUS GROUP			
□ Registered (status) Indian→ □ Non-status Indian Treaty # □ Métis □ Inuit	Band Na	ame	Band Province
DISABILITY:			
□ No	□ Ye	es (Specify):	
MARITAL STATUS	a6_		
☐ Married or Equivalent ☐ Single	□ Divorced	□ Widowed	□ Separated
NUMBER OF DEPENDANT CHILDREN			
DEPENDENT CHILDREN: □ No	NUMBI	ER OF DEPENDENT CHIL	DREN:
□ Yes →	U	Inder 18 Years	
BARRIERS TO EMPLOYMENT: (CHOOSE ALL THE None Lack of Labour Force Attachment Lack of Work Experience Lack of Transportation	IAT APPLY)		2
□ Remoteness □ Language □ Education □ Economic □ Dependant Care			

CASE MANAGER: _____



Program Course:	☐ Lack of Marketable Skills			
EDUCATION LEVEL Englists level of education attained	 □ Physical, Emotional or Mental Health □ Other Barrier Not Listed Above 	Specify:		
Roberts New Or deducation advanced				
□ No Formal Education □ Up to Grade 7-8 (Secondaire I-1) □ Up to Grade 7-8 (Secondaire I-1) □ Grade 9-10 (Secondaire I-1) □ Grade 9-10 (Secondaire I-1) □ Secondary School Diploma or GED □ Secondary School Diploma or GED □ Secondary School Diploma or GED □ Apprachiceship or Trades Certificate or Diploma □ University - Declarate □ Employerd □ Employerd □ Employerd □ Student □ Full-time □ Part-time □ Part-time □ Unemployed □ Student □ Training Organization: □ Contact Name: □ Address: □ Contact Name: □ Training Organization: □ Contact Name: □ Address: □ Email: □ Training Organization: □ Employer Address Name of Currentiff ormer Employer □ Dates of Employment (From/To) □ Dates of Employerent Address ■ Name of Supervisor and/or Contact IF □ ATTACHED RESUME/ MOST RECENT WORK EXPERIENCE Reimbursement For: □ PPE: \$ □ Training Courses: \$ □ Accommodations: \$ □ Accommodation provider: \$ □ Accommodations: \$ □ Accommodation provider: \$ □ Accommodation prov				
Employed Employment title (this will be used to find the NOC that needs to be provided in the client file): Full-time Part-time Unemployed Part-time Part-time Unemployed Student Part-time Unemployed Part-time Part-time Unemployed Part-time Part-time Unemployed Part-time Part-time Unemployed Part-time Part-time Payment Made To:	□ No Formal Education □ Up to Grade 7-8 (Secondaire I-II) □ Grade 9-10 (Secondaire IV-V) □ Grade 11-12 (Secondaire IV-V) □ Secondary School Diploma or GED □ Some Post-Secondary Training □ Apprenticeship or Trades Certificate or Diploma □ College, CEGEP, or Other Non-University Certificate or Diploma □ University Certificate or Diploma □ University – Bachelors Degree □ University – Masters Degree			
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Full-time Part-time Part-time Part-time Part-time Unemployed Student		NOC that needs to be provided in the client file):		
□ Unemployed □ Student PROGRAM/COURSE Program/Course: Payment Made To: Training Organization: Contact Name: Start Date: Adress: Completion Date: Total Cost: Email: Total Cost: Email: ATTACHED RESUME/ MOST RECENT WORK EXPERIENCE Name of Current/Former Employer				
Program/Course:	□ Unemployed			
Training Organization: Start Date: Address: Completion Date: Total Cost: Email: ATTACHED RESUME/ MOST RECENT WORK EXPERIENCE Name of Current/Former Employer Dates of Employment (From/To) Employer Address Name of Supervisor and/or Contact # Job Title Reason for Leaving Reimbursement For: PPE: \$	PROGRAM/COURSE			
Start Date:	Program/Course:	Payment Made To:		
Total Cost:	Training Organization:	Contact Name:		
Name of Current/Former Employer Dates of Employment (From/To)	Start Date:	Adress:		
Name of Current/Former Employer Dates of Employment (From/To) Employer Address Name of Supervisor and/or Contact # Job Title Reason for Leaving Reimbursement For: PPE: \$ Training Courses: \$ Accommodations: \$ (\$400 max reimbursement for PPE) Receipts need to be attached to receive reimbursement. PARTICIPANT CONSENT TO RELEASE INFORMATION I acknowledge that my personal information is being collected and administered in accordance with the Department of Employment and Social Development Act, Privacy Act, and Access to Information Act: that it will be provided to ESDC/Service Canada for the evaluation and accountability of the ISET Program; that it may be used to determine my eligibility for the ISET Program; and that I have the right to file a complaint with the Privacy Commissioner of Canada in the event that I am not satisfied with the handling my personal information by ESDC/Service Canada. I do also hereby authorize (the training or education provider) to release any (the course or Program) to the Saulteau First Nations, as either party may deem necessary.	Completion Date:	-		
Name of Current/Former Employer Dates of Employment (From/To)	Total Cost:	Email:		
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Program) to the Saulteau First Nations, as either party may deem necessary.				
Participant Signature Date (YYYY-MM-DD)				
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