



KIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

STUDENT FILE CHECKLIST

Name: _____

ASAP #: _____

Start Date: _____

ASAP Intake Registration Forms:

- Application Form
- Participant Financial Statement
- ASAP Intake Assessment Form
- Consent and Release Information Form
- EI Verification Form (if applicable)
- Transcript
- Resume

Identification Copied:

- Status Card
- Social Insurance Number Card
- Dependant's Identification (if claiming)

Once accepted into program:

- Student Code of Conduct Policy
- Guidelines & Expectations
- Next of Kin Form/Contact Information Form
- Client Contract
- Student Portfolio
- Banking Information
- Landlord Agreements
- Verification of Ontario Works income
- Prior Learning Assessment and Recognition (PLAR) – from Lakehead Adult Education Centre
- Career Assessment

Client Supports Officer

Date



K·K·E·T·S

KIIKENOMAGA KIKENJIGEWEN
Employment & Training Services

APPLICATION FOR ABORIGINAL SKILLS ADVANCEMENT PROGRAM

Please allow a minimum of 3 to 5 weeks for processing your application. All information must be completed in order to qualify for ASAP criteria which need to be met.

Please fill out the following forms in order for your application to be processed;

- ❖ Application Form
- ❖ Client Consent Form
- ❖ ASAP Assessment Form
- ❖ Participant Information Form
- ❖ E.I. Verification Form
- ❖ Participant Financial Statement

Also, attach **copies** which must accompany your application forms;

- High School Transcript
- Current Resume
- Dependents Identifications (Status Card, Birth Certificate)
- Copy of Identifications (Status Card, Sin Card etc.)
- Copy of Financial Statement from Ontario Works

PLEASE NOTE: Career Development/Student Supports Officer may be in contact with you to ask questions in regards to your request, *no third party involvements* will be allowed to inquire about your application, this includes parent, guardians, partners or friends. Ensure that you provide phone number where you can be contacted.

Thank you.

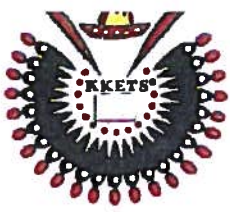
QMS: KKETS – ASAP CHK 001



Kiikenomaga Kikenjigewen Employment & Training Services
Matawa First Nations Inc. | 28 Cumberland Street North, 3rd Floor | Thunder Bay, ON P7A 4K9
Tel: (807)768-4470 | **Fax:** (807)768-4471 | **Toll Free:** 1-888-688-4652

**Service
Canada**

www.matawa.on.ca



KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

CONSENT TO REQUEST AND RELEASE INFORMATION

In compliance with the legislated Personal Information protection Act, consent, by signing this form, is required by clients for the collection of personal information which will be used solely for the purpose of the following, and at no time will this information be disclosed and used for any other purpose, unless the client agree and Kiikenomaga Kikenjigewen obtains another signed consent form from clients:

To administer and evaluate the effectiveness of the Kiikenomaga Kikenjigewen Employment & Training Services (KKETS) programs and services, personal information about the client is request by Service Canada (HRSDC), Primary Funding Agencies and Organizations providing training (training deliverers).

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, and childcare subsidies
 - b) Ministry of Community and Social Services, First Nation or municipality welfare office about receipt of social assistance,
 - c) Workers' Safety Insurance Board or other disability insurers about receipt of Workers Safety Insurance Board, d) other relevant agencies.
2. Information will be required when individuals' origin is outside the KKETS area but the client resides in the KKETS 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/she originates from that province but is living in the KKETS area or vice versa.
3. Verification of First Nation status and affiliation must occur prior to assessment of request. This information will be confirmed by a KKETS staff member and a First Nation Membership Clerk/Band Administrator
4. Participant information may be provided to employer when making referrals for potential jobs
5. Clients may be referred to other partner agencies or organizations to access other services.
6. Should I be successful in obtaining funding from KKETS, I will allow KKETS to publish my name as a participant on a project funded through KKETS.

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

I, _____
(Name of Individual) Print Name _____
Social Insurance Number

For which purpose my personal information has been requested by and may be disclosed to:
Kiikenomaga Kikenjigewen Employment & Training Project Officer

Signature of Individual _____
Date



KIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

CLIENT AUTHORIZATION AND VERIFICATION

LAST NAME	FIRST	SECOND

Address:	Apt# or P.O. Box:
City/Province:	Postal Code:

SOCIAL INSURANCE NUMBER										DATE of BIRTH	D	M	Y
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Are you presently working (part-time, temporarily, casual, on call, full time)? YES NO

NOTICE: Generally, if you are employed, you cannot quit a job to participate in a labour market program funded under an Aboriginal Skills Employment & Training Strategy (ASETS)

Are you presently in receipt of Employment Insurance (E.I.) benefits? YES (go to A) NO (go to B)

A) Did you work during your E.I. claim? YES NO

If YES, please tell us why you are no longer working (or are you still working?):

B Have you worked in the last 52 weeks? YES NO

If YES, please file an application for E.I. benefits along with this form and the Record(s) of Employment. Your application will be given priority.

I hereby authorize Aboriginal Skills Employment & Training Strategy (ASETS) to release information about the status and benefit rate of my Employment Insurance claim to the organization or person identified below in order to determine my eligibility to an Aboriginal Skills Employment & Training Strategy (ASETS) program and income supports. This authorization will remain in effect unless I give written instruction to cancel the release of information.

Signature: _____ Date: _____



KIIKENOMAGA KIKENJIGEWEN

Employment & Training Services

APPLICATION FORM

Last Name	First Name	Int.

TYPE OF FINANCIAL ASSISTANCE SEEKING:

- | | | |
|--|---|---|
| <input type="checkbox"/> Target Wage Subsidy | <input type="checkbox"/> Purchase of Training | <input type="checkbox"/> Educational Purposes |
| <input type="checkbox"/> Mobility Assistance | <input type="checkbox"/> Pre-employment Support | <input type="checkbox"/> Other: _____ |

Name of Program:		Duration of activity	FR: D___/M___/Y___ TO: D___/M___/Y___
Institution:		Attendance:	___ Full Time ___ Part Time
Location:		Length of activity	#hours _____ #weeks _____

FINANCIAL REQUIREMENTS:

Description	monthly/weekly costs	Total Amount	For Office use:
Allowance		\$	
Daycare		\$	
Travel		\$	
Rent/Accommodations		\$	
Bus Subsidy		\$	
Tuition/course costs		\$	
Books and/or Supplies		\$	
Other Materials		\$	
Total Financial Support Request:		\$	

When requesting for mobility and/or Pre-employment support; please attached letter of confirmation from employer

MOBILITY ASSISTANCE
Most economical means of transportation will be considered please select: <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Other:
Reason for request: <input type="checkbox"/> Travel to job interview <input type="checkbox"/> Relocation Allowance <input type="checkbox"/> Short-term Employment <input type="checkbox"/> Other: _____
Total amount of request: \$

PRE-EMPLOYMENT SUPPORT
Please select : <input type="checkbox"/> Start-up costs are at a maximum of \$250.00 (this is for purchase of safety equipment or uniforms)
<input type="checkbox"/> Fixed costs are fees associated to obtaining CPR/criminal reference checks/etc. must provide receipts.
Total Amount requested: \$

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

Signature: _____ Date of Application: _____



KIKENOMAGA KIKENJIGEWEN

Employment & Training Services

PARTICIPANT INFORMATION FORM

Last Name	First Name	Second Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:	Apt.# or P.O. Box:
City/Province	Postal Code:
Home Phone # :	Other Contact #:
Email:	Gender:

Status Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Nation

<input type="text"/>

ON RESERVE OFF RESERVE

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
D	M	Y

Social Insurance Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Status Metis Inuit Non-Status

Language

Speak:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Ojibway	<input type="checkbox"/> Cree	<input type="checkbox"/> Other : _____
Read:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Ojibway	<input type="checkbox"/> Cree	<input type="checkbox"/> Other : _____
Write:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Ojibway	<input type="checkbox"/> Cree	<input type="checkbox"/> Other : _____

Are you:	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student		
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common-Law		
If you have a partner, are they:	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student		
If you have dependents, please list their age:	1. _____	2. _____	3. _____	4. _____	5. _____

Do you have a driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own or have access to transportation?
Type of License:	<input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Other: _____
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consider yourself to be a person with a disability?
	<input type="checkbox"/> Yes <input type="checkbox"/> No (I.E.: Asthma, Diabetes, Arthritis, Lupus etc.)
	If yes please Specify: _____
	Accommodations needed: _____



KIIKENOMAGA KIKENJIGEWEN
Employment & Training Services
Participant Financial Statement

CURRENT FINANCIAL VERIFICATION		
Sources of Income	Gross Monthly Amount	Comments
Ontario Works (Provide OW Financial Statement)	Shelter: \$ _____ Income Supports: \$ _____ Child Care \$ _____ Transportations \$ _____ Medical \$ _____	Workers Name : _____ Location: _____
Canadian Pension	\$ _____	
Works Compensation	\$ _____	End date: _____
Employment Insurance	\$ _____	End date: _____
Family Benefits	\$ _____	
Ontario Disability Support Program	\$ _____	
Employment	\$ _____	___ Full-Time ___ Part- Time # of Hours a week : _____ ___ Seasonal End Date: _____
Other	\$ _____	
Total Monthly income	\$ _____	

Ministry of Community and Social Services is an active partner with Kiikenomaga Kikenjigewen Employment & Training Services (KKETS) where client financial supports maybe cost shared (if eligible). In order to maintain this partnership, all KKETS clients will be required to submit financial information to determine eligibility. If eligible, clients will be required to apply for financial supports with both KKETS and Ontario Works.

- I understand and agree to the above statement.
- I understand but do not agree to the above statement. Please describe conflict:

I certify that the above information is accurate and true to the best of my knowledge. If I am accepted into and funded for this program I will adhere to Kiikenomaga Kikenjigewen Employment & Training Services policy guidelines. Failure to do so or knowingly providing false information will result in funding (if approved) being revoked.

CLIENT SIGNATURE	ASSESSMENT OFFICER SIGNATURE
Signature: _____	Signature: _____
Date: _____	Date: _____



KIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

ABORIGINAL SKILLS ADVANCEMENT PROGRAM ASSESSMENT FORM

Client Name: _____

First Nation: _____

EDUCATION INFORMATION

- Below high school – Public school attended _____ last year attended _____
- Some high school – High school attended _____ last year attended _____
- Completed high school – High school attended _____ year completed _____
- Some /Completed College - Name: _____ year(s) attended _____
- Some University – Name: _____ year(s) attended _____
- Name Program _____
- Transcript attached ___ Yes ___ No
- Prior Learning Assessment and Recognition (PLAR) Completed ___ Yes ___ No

HIGHSCHOOL TAKEN

- How many credits do you have left to finish/complete high school? _____
- What is the highest grade and level of math completed? _____
- What is the highest grade and level of English completed? _____
- What do you feel were your strengths in high school? _____

UPGRADING TAKEN

- General Equivalency Diploma (GED) completed? Yes ___ No ___ When? _____
- Literacy and Basic skills completed (LBS) ? Yes ___ No ___ When? _____
- Other upgrading? Completed? Yes ___ No ___ When? _____
- Skills/apprenticeships training? Completed Yes ___ No ___ When? _____

General Equivalency Diploma (GED)

Passed subjects: Language Arts-Writing Language Arts-Reading Math 1 (Calculations) Math 2 Science
 Social Studies

Failed subjects: Language Arts-Writing Language Arts-Reading Math 1 (Calculations) Math 2 Science
 Social Studies

Unable to complete because: _____

LITERACY BASIC SKILLS (LBS)

- Assessed at level: _____ On Date: _____ At: _____
- Currently at level: _____ Still attending: Yes ____ No ____
- Unable to complete because: _____

SKILLS/APPRENTICESHIP TRAINING

- Name of training/program: _____
- Through training institution: _____
- Unable to complete because: _____

ACADEMIC GOALS

What is your academic plan: General Equivalency Diploma (GED) Literacy and Basic skills completed (LBS)
 Ontario Secondary School Diploma (OSSD) Pre-Apprenticeship/Apprenticeship College University
 Other _____

What training/employment area interests you the most? _____

Employment History: List your last three jobs starting with the most recent.

Employer	Position Held	Start Date	End Date	Reason for Leaving

Please attach resume or extra page if needed for employment history.

Goals/ Commitment

- Are you employed ? ____ Yes ____ No
If yes what is your position/title: _____
- What are your top 2 employment goals: _____

- Are you seeking: full-time work ____ or part-time work ____
- Are you willing and able to commit to the full time education program ____ Yes ____ No
- Are you willing to commit to completing the assignments of the program ____ Yes ____ No
- Are you willing and able to commit to employment being offered: ____ Yes ____ No

CAREER DEVELOPMENT PLAN

- List what you have done in the past that you enjoyed?

- What type of work can you see yourself doing?

- After reaching your academic goals, what is your next step in your career path? What are your hopes and dreams for a career?

SUCCESS

- Explain below how you plan to ensure your successful at reaching your goal:

- What do you think your biggest challenge will be if you are selected for this program?

<input type="checkbox"/> Difficulty with English	<input type="checkbox"/> Transportation	<input type="checkbox"/> Drug/Alcohol Problems
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Lack of Job Search Skills
<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Family Member Health	<input type="checkbox"/> Family Issues
<input type="checkbox"/> Limited Work Experience	<input type="checkbox"/> Education	<input type="checkbox"/> Child Care
<input type="checkbox"/> Housing	<input type="checkbox"/> Other:	

- What external supports do you think will be helpful to you to reach your goals ? (Ex. Substance Abuse Programs, Alcohol Addiction Programs, Anger Management, Legal Aid, Counseling , Elder support)

PERSONAL FACTORS

Housing:

Where do you live? _____

Who do you live with? _____

Do you rent? If yes how much is your rent monthly _____

Do you live in Subsidized housing? If yes with what organization _____

If you do not live in Subsidized housing, have you ever applied to subsidized housing? If yes when did you apply and with what organization: _____

Childcare:

Will you require assistance finding childcare is accepted into ASAP? ___Yes ___No

Do you have child care arranged? ___ Yes ___ No. If yes, who: _____

Have you applied for subsidized childcare? ___Yes ___No.

OTHER INFORMATION

Where did you hear about this program?

<input type="checkbox"/> ECC	<input type="checkbox"/> Poster	<input type="checkbox"/> Brochure
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Website	<input type="checkbox"/> Other:

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CLIENT SIGNATURE

Signature: _____

Date:

INTAKE ASSESSMENT OFFICER SIGNATURE

Signature: _____

Date:

INTAKE ASSESSMENT RESULTS/COMMENTS

Blank area for intake assessment results and comments.



KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

CONTACT INFORMATION FORM

Name: _____

Current Address _____

Current Phone Number _____

Current Cell Number _____

Person to be notified in case of emergency:

Name: _____

Address: _____

Phone number: _____

Cell number: _____

Relationship to student: _____