

## ISSET PROGRAM APPLICATION

### CLIENT INFORMATION

Surname		Given Names	
SIN #		Also Known As	
Date of Birth		Sex	<input type="radio"/> Male <input type="radio"/> Female
Marital Status	<input type="radio"/> Divorced <input type="radio"/> Married/Common-Law <input type="radio"/> Separated <input type="radio"/> Single <input type="radio"/> Widowed		

### RESIDENCE/MAILING ADDRESS

Address		Postal Code	
Town/City		Contact Number	
Territory/Province		Email Address	

### NEXT OF KIN/SPOUSE

Name		Address	
Town/City		Territory/Province	
Phone Number		Relationship	

### PERSONAL

Citizenship	CANADIAN	Aboriginal Group	
Citizen Number		Referred By	
Language(s) Spoken		Language Preferred	
Community			
Have a Disability	<input type="radio"/> Yes <input type="radio"/> No	Labour Force Category	<input type="radio"/> Employed <input type="radio"/> Student <input type="radio"/> Unemployed
Employment Readiness	<input type="radio"/> Not Ready to Work <input type="radio"/> Ready to Work <input type="radio"/> Unable to Work <input type="radio"/> Working		
Own a Vehicle	<input type="radio"/> Yes <input type="radio"/> No	License Class *	
Territory/Province		Expiring	

\* If you don't currently have a Driver's License, please note a plan to get one or why you are unable to get one

### DEPENDENTS (Under 18 years old and living with you)

Surname	Given Names	Date of Birth	Relationship	Living with You

**EMPLOYMENT HISTORY (Information must be filled out in full including dates)**

Employer	Job Title	Start Date	End Date	Reason for Leaving

**ACTION PLAN ASSESSMENT (filled out by ETO)**

Employment Dimension	Employment Status (Start)	Is Childcare Required	Action Plan Description
Employment Barriers		Plan to Overcome	
1. None 2. Lack of labor force attachment 3. Lack of work experience 4. Lack of transportation 5. Remoteness 6. Language 7. Education 8. Economic 9. Dependent care 10. Lack of marketable skills 11. Physical, emotional or mental health 12. Other _____			

**PROGRAM INFORMATION**

Program/Other			
Institution			
Location			<input type="radio"/> Accepted <input type="radio"/> Confirmation Pending
Start Date	End Date:	Year ____ of a ____ Year Program	
Level	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Distance Education		

**EDUCATION INFORMATION (Trades etc.) (indicate if graduated)**

Level	Discipline	Certification	Date Completed	Institution

Examples for Level: High School, License, Certificate, Diploma, Degree, Undergraduate, Masters, Doctorate

**EMPLOYMENT SEEKING**

Industry Type	Job Title	Special Needs	Comments

**YUKON STUDENT FINANCIAL ASSISTANCE (Deadline dates are June 30<sup>th</sup> and January 15<sup>th</sup>)**

Applied for SFA	<input type="radio"/> Yes <input type="radio"/> No	Status of application	<input type="radio"/> Approved <input type="radio"/> Denied
If No, please explain why (i.e. NA)			

\* Please attach correspondence (required)

**EMPLOYMENT INSURANCE BENEFITS**

Are you receiving EI	<input type="radio"/> Yes <input type="radio"/> No	If answer is Yes start date	
Worked full-time in last 6 months	<input type="radio"/> Yes <input type="radio"/> No	Received EI last 3-5 Years	<input type="radio"/> Yes <input type="radio"/> No

**BUDGET PLAN (ask for assistance if required)**

Description	Notes	SFA Funding	ISETP Funding
Tuition and Fees			
Travel to School			
Required Books and Supplies			
Living Allowance			
Child Care Costs			
Accommodation			
Other Costs (indicate)			
TOTAL			

**BANKING INFORMATION***Clients applying for a living allowance must provide banking information for EFT. .*

RECOMMENDATIONS			
OFFICE USE:			
APPLICATION RECEIVED DATE		APPROVAL DATE	
CAFN CASE MANAGER?:		CODING	

## CONSENT CLAUSE, DECLARATION AND RELEASE OF INFORMATION

*(Please read carefully)*

1. I consent to and authorize the release of any personal information by my employer, banks or other financial institutions, mercantile organizations, aboriginal organizations, educational institutions and by federal, provincial, territorial and municipal government departments and agencies, including the Canada Customs and Revenue Agency to the Champagne & Aishihik First Nations (CAFN). My personal information will be used to determine my initial and continued eligibility for funding and for the effective and efficient general administration and enforcement of the CAFN Indigenous Skills Employment Training Program (ISETP).
2. In addition, I consent to and authorize CAFN to the release of any personal information to any Indigenous organizations and/or federal, provincial, territorial and municipal government departments and agencies to assist me in the purpose of the effective planning, development, delivery and monitoring of the CAFN ISETP.
3. I understand that “personal information” means and includes:
  - my name, home or business addresses or home and business telephone numbers,
  - my national or ethnic origin;
  - my age, sex, marital status or family status, and date of birth,
  - my financial status and history;
  - any identifying numbers, symbol or other self-identifying assigned to me such as my social insurance number, health care card number, or personal identification number;
  - information about my educational or employment status and history.
4. I understand that the personal information that may be released to banks or other financial institutions, mercantile organizations, Indigenous organizations, government organizations and educational institutions are:
  - my name, home or business addresses or home and business telephone numbers;
  - my national or ethnic origin;
  - my age, sex, marital status or family status, date of birth; and
  - my financial status and history.

I agree to provide such additional consent to the release of my personal information as may be required from time to time by CAFN.

### **DECLARATION**

I declare that the information submitted in this form and appendices are correct to the best of my knowledge. I agree to:

- use any funding received from the CAFN ISETP funds towards the cost of my education and return any refunds of tuition or other fees and any CAFN Employment and Training funding that I am not entitled to;
- immediately notify the CAFN Education & Training Officer (ETO) if I change my status as a full-time student in an approved program, my study period, my marital status, the status of my dependents or financial status, any changes to my address(s), phone numbers and bank accounts;
- provide information or documents requested by the CAFN ETO to verify any statement made in this application; and

- to follow the terms and conditions of any funding documents that I may receive.

I understand that:

- all training funds are considered income under the Income Tax Act (Canada). CAFN is obligated to report the amount of the Contribution on a T4A, provide the T4A to me, and I am required to include the amount of the Contribution when computing my income for the fiscal year;
- I may have to repay my financial assistance now or in the future to CAFN if there are changes to my financial, marital, dependents or my status as a full-time student in an approved program;
- I may be denied financial assistance now and, in the future, if:
  - I make false or misleading statement in this application;
  - I do not comply with a request from the CAFN ETO to provide information or documents so that information in this application may be verified;
  - my eligibility for CAFN ISETP funds may be affected by income that I, or my spouse, receive from other sources; and
  - I have an outstanding debt to CAFN or its affiliates or to other funding agencies.

I consent to and authorize the release of any personal information by CAFN. My personal information may be used for effective planning and delivery of career development and employment initiatives of the CAFN Education Department.

**SIGNATURES**

Applicant Signature		Date	
CAFN Signature		Date	