



Employment & Training

Box 8 ✦ Fort Alexander, Manitoba ✦ ROE 0P0 ✦ ☎ (204) 367-8740 ✦ 📠 (204) 367-9061

Appendix B

EMPLOYMENT ASSISTANCE

The Employment Assistance program was put in place to assist band members in achieving their personal or community employment objectives. Whenever possible, Sagkeeng Employment and Training will provide support to individuals experiencing barriers to employment such as transportation, work equipment and/or work attire. This type assistance is **only available to approved applicants once every two years. People who are employed do not qualify for this assistance.** ***Union dues are not eligible start up costs.

Last Name: _____

First Name: _____

CRITERIA

Each individual applying for Employment Assistance must submit the following:

- A completed application form.
- A letter from the employer guaranteeing employment.
- An invoice from a recognized department store for required equipment or work attire.
- Receipt for reimbursement.

Assistance may be granted for the following:

- **Transportation Costs:** If you must travel out of town, SETS will either purchase a bus ticket or pay the transportation costs equivalent to a bus ticket.
- **Equipment or Tools:** If you must purchase tools to start a job, SETS will assist with some tools.
- **Work Attire:** SETS will provide work gear to start employment.

Please select what you are requesting:

Work Attire Transportation Other specify _____

APPLICATION CHECK LIST

INCLUDED WITH APPLICATION FILE	INCLUDED
CONFIRMATION OF EMPLOYMENT ON COMPANY LETTERHEAD	
RECEIPTS (For reimbursement only)	

For office use only –

Date Application Received (mm/dd/yy)



Sagkeeng Employment & Training Service Participant Information Form

File Number (Source of Funding)

CRF

010214344

EI

010214260

CLIENT INFORMATION

CLIENT PROFILE

SIN:

Date of Birth (YYYY-MM-DD)

First Name:

Last Name:

Gender: Female Male Other

No. Dependants:

Disability Group:

No Disability Yes (Specify) _____

Marital Status:

Married or Equivalent Divorced Single
 Single Parent Separated Widowed

ABORIGINAL

Native Group:

No Response Not Aboriginal Registered Indian
 Non-Status Metis Inuit

Registration / Treaty #:

Reserve Status: On-Reserve Off-Reserve

LANGUAGES

Preferred Language: English French Other

Specify (if other):

HIGHEST LEVEL OF EDUCATION ATTAINED:

Primary/Secondary: Grade:

Year Attained:

Post Secondary: No Post Secondary No Response

1yr Dip/Cert 2yr Dip/Cert 3yr Dip/Cert
 1yr No Dip/Cert 2yr No Dip/Cert 3yr No Dip/Cert
 Bachelor's Degree Master's Degree Doctorate

Year Attained:

REMARKS

CONTACT INFORMATION

CURRENT CONTACT INFORMATION

Primary Telephone:

Alternate Telephone:

Email Address:

Fax #:

MAILING ADDRESS

Street/PO Box:

City/Town:

Province:

Postal Code:

RESIDENTIAL ADDRESS (if different)

Street/PO Box:

City/Town:

Province:

Postal Code:

CASEFILE SUMMARY

The **ISETS- Client Assessment** is a mandatory intervention that must be added for every client. This is found by scrolling down the Casefile Summary Screen and clicking on "Add Intervention".

Client Type:
 Claimant Reach back EIA Claimant Other

CLIENT ASSESSMENT DETAILS

Education Province:

Employment & Income Assistance Recipient: Yes

Employment Insurance Claimant:
 Employment Insurance Claimant
 Reach-back client/former Claimant
 Non-insured client

Childcare required for action plan: Yes No

Financial Support Allocated to childcare:
 Not Applicable FNICCI
 EI/CRF Provincial funding or subsidy
 No Funding Received Daycare Space Not Available
 Assisted by family/self-funded

BARRIERS TO EMPLOYMENT

- None
- Lack of labour force attachment
- Lack of work experience
- Lack of transportation
- Remoteness
- Language
- Education
- Economic
- Dependant care
- Lack of marketable skills
- Physical, emotional or mental health
- Other barrier not listed above

PARTICIPANT CONSENT TO RELEASE INFORMATION

I, _____ the undersigned, give my consent for Sagkeeng Employment & Training Services (SETS) to release the information contained in this form regarding my participation in an ISETS program to HRSDC/SERVICE CANADA. I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that it may be used to determine my eligibility for the ISETS program and provided to HRSDC/Service Canada for the evaluation and accountability of the ISETS Program.

Participant Signature

Date (YYYY-MM-DD)

(SHADED AREA FOR OFFICE USE ONLY)

Sagkeeng Employment & Training Services

PHOTO RELEASE AND CONSENT FORM

I, _____ (participant's name), agree to be interviewed, photographed and/or videotaped by Sagkeeng Employment & Training Services (SETS), and agree that SETS will own all rights in perpetuity throughout the world in any resulting story, photograph and/or videotape for non-commercial use by SETS at any time in the present or future in various forms such as print, video and electronic media.

I consent to the use and disclosure of elements of my personal information, contained in the said stories, photographs and/or videotapes.

I understand that my participation in the said project is voluntary and there will be no fee paid to me by SETS for the rights to use this material. The refusal to participate will in no way negatively impact any future dealings I may have with SETS.

I understand that this personal information has been requested by SETS for possible use with the public by SETS, in any public forum and in any form or by any means.

I agree with the above.

Signature*: _____ **Date:** _____

* Signature of parent or guardian if participant is under the age of majority in province of residence.

Print Name _____

Address _____

SETS _____

Date _____
