



Employment & Training

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

Appendix A Sponsorship Application

Please note: Applications for up-grading, adult-education and other grade 12 courses will not be approved for sponsorship. Applications for courses and training that will secure employment in the high in demand labour market will only be considered.

Request:

- Tuition
- Training Allowance
- Books and Supplies
- Child Care (Eligible for two children under the age of six)
- Bus Pass/Transportation
- Other: (please specify) _____

Please note: Partnerships are recommended for sponsorship. All applicants should include costs for at least two training institutions as **we must go with the lowest tuition cost.**

APPLICATION CHECK LIST

*******Incomplete application will not be processed*******

INCLUDED WITH APPLCATION FILE	INCLUDED
APPLICATION FORM	
ACCEPTANCE LETTER (Stating course, start/end date, program costs)	
CAREER PLAN	
CONFIRMATION OF PARTNERSHIP	
RESEARCH OF INSTITUTIONS ALONG WITH COSTS	
COPY OF THREE CURRENT JOB POSTINGS RELATED TO COURSE	
PHOTOCOPY OF STATUS CARD	
HEALTH CARD (Provide only if childcare is requested)	

NAME: _____

COMPLETED ON: _____

COMMENTS: _____



Sagkeeng Employment & Training Service Participant Information Form

File Number (Source of Funding)

CRF
010214344

EI
010214260

CLIENT INFORMATION

CLIENT PROFILE

SIN:

First Name:

Gender: Female Male Other

Disability Group:
 No Disability Yes (Specify) _____

Date of Birth (YYYY-MM-DD)

Last Name:

No. Dependants:

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 _____



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STATEMENT OF RELEASE

I hereby authorize my institution to forward any marks and attendance earned in the program indicated below to my sponsor: **Sagkeeng Employment & Training Services**

Institution: _____

Program: _____

Print name: _____

Signature: _____

Date: _____

Please fax back to:

Head office: 204.367.9061

Sub office: 204.943.6081