



**CARCROSS TAGISH
FIRST NATION**

Capacity Development

Box 130, Carcross, Yukon Y0B 1B0

P (867) 821-4251 F (867) 821-8214

www.ctfn.ca

2019/2020 ISETS (Indigenous Employment Training) Application

Application Deadlines:

- For training programs shorter than 1 month: 2 weeks prior to the program start date.
- For training programs longer than 1 month:
 - Summer Deadline (For programs starting between May-Aug): March 15th
 - Fall Deadline (For programs starting between Sept-Dec): June 1st
 - Winter Deadline (For programs starting between Jan-April): November 15th

SECTION 1 ELIGIBILITY REQUIREMENTS <i>Check off each statement once complete</i>	
	I am Indigenous/Aboriginal/First Nation, Inuit, or Metis.
	I am legally entitled to work in Canada according to Yukon territorial legislation and regulations.
	I am enrolled/enrolling in one of the following types of training programs: <ul style="list-style-type: none"> • Developmental Studies (High School Upgrading) • Trades Training/Apprenticeships • Pre-Employment & Skills Training • Non-Accredited Workshops & Conferences
	I have read the section of C/TFN’s Capacity Development Policy titled “Aboriginal/Indigenous Skills & Employment Training Strategy (ASETS/ISETS)” pg. 48-56. (Available at: www.ctfn.ca)
	(ONLY FOR APPLICANTS WHO ARE IN A TRADE/APPRENTICESHIP PROGRAM) I have applied for funding through the Yukon Government Trades & Apprenticeship program and been denied OR need additional funding to top off what I have been approved for. (Go here to apply: http://www.education.gov.yk.ca/apprenticeship-funding.html)
	(ONLY FOR APPLICANTS WHO ARE REGISTERED C/TFN CITIZENS/BENEFICIARIES THAT PHYSICALLY LIVE OUTSIDE OF THE YUKON) I have checked with my local ASETS/ISETS funding providers and could not secure funding through them.
	(ONLY FOR APPLICANTS LIVING OUTSIDE OF CARCROSS/TAGISH AND WHOSE FIRST NATION IS NOT C/TFN) I have checked with my First Nation’s ASETS/ISETS funding providers and could not secure funding through them.

**SECTION 2
ADDITIONAL DOCUMENTS**

Check off each document once added to application

	Proof of C/TFN citizenship (Beneficiary Number) OR Status Number (if applicable)
	Proof of dependents (Birth Certificates OR Revenue Canada Documentation)
	Letter of acceptance/confirmation of registration in training program/workshop
	Proof of tuition/program costs from the course provider
	Proof of program study dates from the course provider
	Proof that funding is unavailable/is insufficient from the Yukon Government Trades/Apprenticeship Funding provider (if applicable)
	Proof that funding is unavailable from local/home ASETS/ISETS provider (if applicable)
	Statement of intent OR employment action plan that outlines: <ul style="list-style-type: none"> • Your education/career goals & action plan (the steps you will take to reach your goals) • Why you are applying for educational funding • If you are studying out of Yukon, explaining why • Any other information that will help the Capacity Development Department make a decision

**SECTION 3
STUDENT DECLARATION**

Read the following carefully

I declare that the information submitted in this application is true, correct, and complete to the best of my knowledge. I also declare that the financial assistance sought will be used for the educational purposes as set out in the signed sponsorship agreement. I understand that if I have given any false or misleading information, I could be charged with a criminal offense and will be liable for full repayment of any assistance received.

I hereby give permission to C/TFN Capacity Development Department to verify the information in this application and approve access of my school records. By signing this I give consent for C/TFN Capacity Development Department to release information contained in this form with Council of Yukon First Nations and Service Canada regarding to the ASETS/ISETS program.

Applicant Signature

Date

Education & Employment Training Officer Signature

Date



**SECTION 4
PERSONAL INFORMATION**

Name	<i>First Name</i>			<i>Middle Initial</i>	<i>Last Name</i>
Date of Birth	Social Insurance Number	Status # <i>(if applicable)</i>	C/TFN Beneficiary Number <i>(if applicable)</i>		
<i>DD/MM/YYYY</i>					
Mailing Address	<i>Apt/Unit</i>	<i>Street</i>	<i>City</i>		
	<i>Province/Territory</i>		<i>Postal Code</i>		
Permanent Address <i>(if different from above)</i>	<i>Apt/Unit</i>	<i>Street</i>	<i>City</i>		
	<i>Province/Territory</i>		<i>Postal Code</i>		
Phone Number <i>(with area code)</i>			Email Address		
Marital Status <i>(circle one)</i>	Single, independent	Single, living with parents	Married, with employed spouse	Married, with dependent spouse	
Dependents <i>(list all and attach proof)</i>					
	<i>Names</i>		<i>Ages</i>	<i>Relationship to you</i>	

**SECTION 5
TRAINING INFORMATION**

Course Provider Name					
Training Program Name					
Location of Course Provider/Program					
Study Start Date			Study End Date		
Program Level <i>(circle one)</i>	High School Upgrading	Certificate	Trade/ Apprenticeship	Work Ticket/Other	Diploma
Expected Graduation Date <i>(for entire program)</i>					

**SECTION 6
EDUCATION HISTORY**

What is the highest level of school you have achieved to date <i>(circle all that apply)</i>	No formal education	Up to grade 7-8	Up to grade 9-10
	Up to grade 11-12	High School Diploma or GED	Some University
	Apprenticeship/Trades	College or Other Non-University Certificate/Diploma	University Certificate/Diploma
	Bachelors Degree	Masters Degree	Doctorate Degree (PhD)

SECTION 7

CAREER COUNSELING, EMPLOYMENT EXPERIENCE & JOB PREPARATION

Provide details of past career counseling/employment/resume-writing/job-preparation experiences that prepared you for the training you are now applying for

Related Career Counseling/Employment/Job-Preparation Experiences	Date of Experience	Successfully Completed (Y/N)	C/TFN Sponsored (Y/N)

**SECTION 8
FINANCES**

Current Financial Situation <i>(circle all that apply)</i>	Employed Full Time	Employed Part Time	Receiving Temporary Financial Assistance
	Worker's Comp (WCB)	Currently Collecting Employment Insurance (EI)	Other: _____
EI Eligibility <i>(circle all that apply)</i>	I have collected EI within the past 5 years	I am eligible for EI benefits	I have applied for EI benefits
External Funding Contribution <i>(External funds that you have secured from elsewhere to put towards training)</i>	Personal Savings: \$ _____	Family Contribution: \$ _____	Government/Bank Student Loan: \$ _____
	Yukon Government Trades/Apprentice Funding: \$ _____	Approved Scholarships/Grants/Bursaries: \$ _____	Other: _____ \$ _____
TOTAL EXTERNAL FUNDING:			

**SECTION 9
BUDGET PLAN**

Course Registration Fee	Accommodations OR Living Allowance	Meals	Travel	Other (ex. work gear, childcare, etc)
	<i>Circle one:</i> Hotel Family/Friends Living Allowance \$ _____/day	Breakfast: \$ Lunch: \$ Supper: \$		
	# of days	Breakfast #: Lunch #: Supper #:		
\$ total	\$ total	\$ total	\$ total	\$ total
TOTAL TRAINING COST:		\$		
TOTAL EXTERNAL FUNDING I HAVE SECURED: <i>Grants/Scholarships, Departmental/Employer Training Dollars, Personal Savings, Yukon Gov't Apprenticeship/Trades Funding</i>		\$		
TOTAL REQUESTED AMOUNT OF FUNDING FROM ISETS: <i>Deduct external funding from total training cost</i>		\$		
FOR OFFICE USE ONLY <i>For EETO to fill out</i>				
Received Date				
Reviewed <i>(circle once complete)</i>	By EETO	By Capacity Development Director	By Education Advisory Committee	
Status <i>(circle one)</i>	Approved	Conditionally Approved	Denied	
Notes				
Applicant Informed Date				

ISETS Client – Employment Action Plan – Summary

Client's Name: _____ Employment Goal Short Term: _____

Time Frame: _____ to _____ Employment Goal Long Term: _____

Step	Start Date	Detail Each Step in the Employment Action Plan	Outcome	Completed Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Make sure your employment goal is SMART

Specific
Measurable
Attainable
Realistic
Timely

Client Signature: _____ Date: _____

EETO Signature: _____ Date: _____

*Client is required to complete an Employment Action Plan prior to receiving funding support from the ISETS Program



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CHECK A) or B)

Repayment Agreement

G/CTFN Financial Policy 2-0275

___A) In accepting this offer of education/training funding from G/CTFN I acknowledge outstanding arrears to G/CTFN for:

Rent	\$ _____
Pump-outs	\$ _____
Fuel	\$ _____
Maintenance/Repairs	\$ _____
Education Sponsorship	\$ _____
Day Care Services	\$ _____
Emergency Loans	\$ _____
Other _____	\$ _____
TOTAL \$	_____

I understand that, as a condition of receiving government services and funding, I must resolve this matter by repaying G/CTFN. Payments will be deducted through my bi-weekly Payroll Wages, Temporary Family Assistance, monthly living allowance or honorariums, and this must be no less than 10% or \$50.00 of the total outstanding arrears (whichever is greater).

I understand that refusal to enter into an agreement signifies that I cannot receive government educational/training funding.

Please deduct \$_____ from each of my bi-weekly Payroll Wages, Temporary Family Assistance, monthly living allowance or honorariums starting immediately, without interruption, until the total arrears are paid on (month/day/year) _____.

Citizen/Beneficiary/Employee (initial)_____(date)_____

___B) In accepting this offer of educational/training funding from G/CTFN, to the best of my knowledge, I do not owe outstanding arrears to G/CTFN. I understand that, as a condition of service and funding, if I am found to owe outstanding arrears to G/CTFN, I am required to sign a repayment agreement. Refusal to do so may cause a suspension of assistance or sponsorship and will be considered in future applications for funding.

Citizen/Beneficiary/Employee (initial)_____(date)_____

Confirmed by calls to Finance, Wellness & Education:

Human Resources (sign)_____(print)_____

Agreed to by:

Citizen/Beneficiary/Employee (sign)_____(print)_____

Director of: _____(sign)_____(print)_____

Date: _____ Location: _____ Account code: ____/____

Finance Manager: (sign)_____(print)_____