



**CARCROSS TAGISH
FIRST NATION**

Capacity Development

Box 130, Carcross, Yukon Y0B 1B0
P (867) 821-4251 F (867) 821-8214

ASETS TRAINING ASSISTANCE APPLICATION

PERSONAL INFORMATION

Name: _____

CTFN Citizen: Yes No Clan: _____

Status #: _____

Date of Birth: _____ SIN: _____

Mailing Address: _____

Phone #: _____ Cell #: _____

Email Address: _____

EDUCATION / TRAINING DESCRIPTION

Letter of Acceptance attached? Yes No

Course Name: _____

Training Institution: _____

Location: _____

Start Date: _____ End Date (this year): _____

Tuition / Course Fees: _____ Travel: _____ Accommodation: _____ Meals: _____

Childcare: _____ Training Allowance: _____ Work Gear: _____

EDUCATION / TRAINING HISTORY

What is the highest grade you have completed: ____ Have you taken any upgrading? Yes No

Level of Upgrading completed: _____

What other education / training have you taken that would be relevant to the program applied for:

What are your educational goals/list the benefits/result this training will provide:

HOUSEHOLD

Marital Status: Single, Independent Single, Living w/ Parent(s)
Common-law (Employed) Common-law (Dependant)
Married (Employed) Married (Dependant) Married (Attending School)
Do you have dependant children? Yes No If yes, How many? _____

INCOME

Are you currently collecting Employment Insurance (EI) benefits? Yes No
Have you collected EI benefits in the past 3 years? Yes No
Are you eligible for EI benefits? Yes No Have you applied for EI benefits? Yes No
Are you currently collecting C/TFN TFA benefits? Yes No
Are you collecting funds from any other sources? Yes No
Are you in arrears or do you owe any money to C/TFN? Yes No

EMPLOYMENT HISTORY

List any employment you have had that is relevant to the education / training being applied for:

What prospective employment opportunities are there in your area of study:

ASSITANCE HISTORY

Have you received student assistance from C/TFN before? Yes No

For what programs / courses: _____

Did you complete the programs(s) / course(s)? Yes No

If not, what were the reasons for not completing? _____

If yes, did you receive any Certificates or Diplomas? Yes No

Have you provided the Capacity Development with copies? Yes No

Do you have a copy of your resume attached? Yes No

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 program.

Print Name

Applicant Signature

Date

FOR OFFICE USE ONLY

DATE RECEIVED: _____

REVIEWED BY EETO: _____

REVIEWED BY CAREER MANAGER / DIRECTOR OF CAPACITY: _____

APPLICATION WAS: ___ Approved ___ Conditionally Approved ___ Denied

COST COVERED BY: ___ Sponsorship Letter ___ Purchase Order ___ Cheque Requisition/Invoice

ASETS 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: _____

Counsellor Signature: _____ Date: _____

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

TO BE COMPLETED BY CASE MANAGER (EETO) ONLY

CLIENT NAME: _____ SIN: _____

CASE START DATE: _____ (YYYY-MM-DD)

ESTIMATED CASE END DATE: _____ (YYYY-MM-DD)

INTERVENTION DURATION: _____ (Total Number of Days in Actual Training)

ESTIMATED CASE COST: \$ _____
(Total Budgeted Costs of all Interventions) (Complete budget on back side of this form)

INTERVENTION RELATED NOC: _____
(National Occupant Code – Maximum 4 Digits) and/or Occupational Career Goal

1 INTERVENTION TYPE **CAREER COUNSELLING (CC)**

- | | |
|--|---|
| <input type="checkbox"/> Assessment Services | <input type="checkbox"/> Budgeting & Financial Assistance |
| <input type="checkbox"/> Employment & Career Counselling | <input type="checkbox"/> Employment Resource Information |
| <input type="checkbox"/> Essential Skills Assessment | <input type="checkbox"/> Interview Skills |
| <input type="checkbox"/> Job Support Clubs | <input type="checkbox"/> Job Placement Services |
| <input type="checkbox"/> Job Search | <input type="checkbox"/> Job Maintenance |
| <input type="checkbox"/> Labour Market Information | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Resume Writing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | |

INTERVENTION TYPE **INDIVIDUAL SUPPORTS (IS)**

2 Type of Training (detailed description or attach details from Institution) _____

Training/Support Institution: _____ Location: _____
(Community/City)

Intervention Start Date: _____ Intervention End Date: _____

Intervention Duration: _____ (Total Number of Days in Actual Training)

3 Type of Training (detailed description or attach details from Institution) _____

Training/Support Institution: _____ Location: _____
(Community/City)

Intervention Start Date: _____ Intervention End Date: _____

Intervention Duration: _____ (Total Number of Days in Actual Training)

4 Type of Training (detailed description or attach details from Institution) _____

Training/Support Institution: _____ Location: _____
(Community/City)

Intervention Start Date: _____ Intervention End Date: _____

Intervention Duration: _____ (Total Number of Days in Actual Training)

5 INTERVENTION TYPE **WAGE SUBSIDY (WS)** **COPY OF AGREEMENT ATTACHED**



**CARCROSS/TAGISH
FIRST NATION**

Box 130, Carcross, Yukon Y0B 1B0
P (867) 821-4251 F (867) 821-4802
www.ctfn.ca

Repayment Agreement

G/CTFN Financial Policy 2-0275

CHECK A) or B)

___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

For Office Use ONLY

RECEIVED

Received on (DD/MM/YYYY): _____ By: _____

REVIEWED

Reviewed by EETO: _____

Reviewed by Education and Training Fund Committee/Director of Capacity: _____

Application was: _____ Approved
_____ Conditionally Approved
_____ Rejected

NOTES

INFORMED

Applicant was informed on: _____ by _____ via _____
(date) (staff) (phone/email/fax/mail)