



Neyaskweyahk Employment Skills Training

Box 219, Maskwacis, Alberta T0C 1N0

Phone: (780) 585-0191, 585-0192 Fax: (780) 585-3319

Toll free: 1-866-585-3941 ext. 251

Dear Applicant: _____

For your application to be reviewed and processed, **all requested information in the application package must be provided.**

Application Form Checklist

- NEST Training Application
- NEST Career Investigation Report
- Letter of Acceptance from chosen school/institution**
- Fees Assessment schedule from school/institution accepted at**
- Course Outline/Schedule**
- SIN#**
- Resume/Career Plan

Please Note Application Deadlines:

1-30 day Programs	2 weeks Prior to start date of program
Short term (2-6 month) Programs	4 weeks Prior to start date of program
Long term (6 months - 52 Weeks) Program	8 weeks prior to start date of program



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Neyaskweyahk Employment Skills Training APPLICATION

First Name	Phone #
Middle Name	Messages
Last name	E-mail
Date of Birth Month day year	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
First Nation (Band Name) & Number Band name number	SIN

Address

Street/ Box #	City
Province	Postal Code
Are you the Home owner? YES NO If NO, Who is the Home owner?	House Number: Location:

Requested Training

Program Name	Length of program
School/Institution Name	Start date
School/ Institution Address & Contact Number	End date



Employment (please circle)					
Employed	Unemployed	Self-employed	Student		
Marital Status (Please Circle)					
Married	Single	Common Law	Separated	Divorced	Widowed
How many dependents do you have?			Is your Spouse:		
			Employed	Unemployed	

Dependents information

Name	Age	Female / Male

Education History

Last level of Education Completed:		Institution Name:	
City/Province		Length of course/Program	
Certificate	Diploma	Degree	Trades Safety Tickets
List Tickets:			

Employment History

Current/ Most Recent Job	
Job Title	Supervisor
Employer	Years there
Reason For leaving:	

Second last Job

Job Title	Supervisor
Employer	Years there
Reason For leaving:	

Source of Income at Present time

Are you eligible for EI? YES NO	Start Date: End Date:	Explain:
Have you received EI in the last 5 years? (Circle answers) YES NO	Maternity Benefits Paternity Benefits	
Are you currently on Income Support? (circle answer) YES NO Where: _____ —	Start Date: Name of Case Worker:	Have you accessed the Learner Program? (circle answer) YES NO
Have you looked for other sources of funding? (Circle answer) YES NO	<input type="checkbox"/> Student Finance <input type="checkbox"/> Continuing Education <input type="checkbox"/> Private Finance <input type="checkbox"/> Post Secondary Program <input type="checkbox"/> AHRE (ACCESS, Alberta Works, etc) <input type="checkbox"/> Adult Literacy Up-grading Program	
OTHER YES NO	Spouse's, CCTB, etc. Explain:	

Persons With Disabilities

Do you consider yourself. If a person with a disability? (ex. Diabetes, epilepsy, asthma, etc.) YES NO	What is the nature of your disability?
Do you have health problems that require you to accept certain kinds of work? YES NO	Explain:
Please advise what kind of restrictions you have and if you need special medication or special equipment:	
Emergency Contacts other than spouse: Name : Phone number:	Name : Phone number:

Client Confidentiality & Consent Form

- This information is collected under the authority of the Indigenous Skills & Employment Training Services Agreement signed between Human Resource Skills Development Canada and Ermineskin Cree Nation. This information will be used to gather and store client information so as to determine your entitlement to programs, services and /or funding. The Privacy Act of Canada restricts any sharing of your personal data unless your written permission is first obtained. By signing this consent form, you authorize us to share only that information which is required by our partners in program and service delivery.
- You have access to information (under the Access to Information Act) that we maintain about you. You may request to see it upon one day's written notice. Be reminded that Neyaskweyahk Employment Skills Training is merely a custodian of the information gathered on clients. All information is the sole property of the Indigenous Skills & Employment Training Canada. You are NOT entitled to take possession of your file, but may request to see, add or change information therein.

AGREEMENT TO PROVIDE INFORMATION AND AUTHORIZATION TO SHARE IT WITH PARTNERS:

I, the under signed, have read and understand this consent form, including the advice on client confidentiality. To the best of my knowledge, the information I have provided is correct and complete. I will advise the Neyaskweyahk Employment Skills Training of any changes within 48 hours. Should I decide to apply for funding from Neyaskweyahk Employment Skills Training , I understand that this information shall be considered as part of any application for funding.

I, _____, hereby grant permission to the Neyaskweyahk Employment Skills Training to:

- Photograph
- Display my Testimony
- Reproduce my Testimony

I understand that this may be shown at displays during open house, Annual Reports in the communities.

I, _____, hereby consent to the use , and disclosure of ALL personal information listed.

Clients name (Print): _____

First Name

Middle Name

Last Name

Signature: _____

Date: _____

Day

Month

Year



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Career Investigation Report

The following Career Investigation Report must be fully completed to ensure that your application is considered & fairly dealt with.

If you require help finding career information, contact the NEST Project Officers.

Name : _____

Occupational Goal: _____

1. What made you decide on this Career?

2. What makes you suitable for this career choice?

3. What special qualities/strengths/talents do you have, that make you suitable for your career choice?

4. Do you have barriers that would interfere with your ability to do this kind of work? (medical, physical, family, court, etc.)

YES

NO

If yes, please explain:

5. What do people do in this line of work? (list the typical duties)

1. _____
2. _____
3. _____

6. Give names of 3 people you have contacted for information about this occupation (i.e. someone currently working in the field; counselors/program- people at an educational institution, employers).

Name	Job Title/ Position	Number(s)

7. What information were you given in regards to your career choice?

8. What are the pros/cons of this career? (please list)

PROS	CONS

9. What are the working conditions?

10. What salary can you expect when you start?

\$ _____/hour \$ _____ Salary/Year

11. What specific training is needed to work in this field? (please check)

- DIPLOMA
- CERTIFICATE
- JOURNEYMAN TICKET
- DEGREE

12. List 3 schools /institutions where training is available:

School/institution	Location/ Address	Tuition Cost (\$)

A) Which school/institution best suits you? Why?

B) How long is the training program?

13. What pre-requisites (up-grading, courses, grade averages, certificates) are needed to get into this program? (as stated in the College Calendar)

A) Do you have these pre-requisites? Yes _____ No _____

If you answered NO, what do you need?

14. Name 3 companies /employers (in our area or in Alberta) who hire people who have this training:

1) _____

2) _____

3) _____

15. What is the current demand /employment opportunities for people entering this field?

A) Where did you get this information?

16. Name 2 related occupations (other occupations where you could do similar work).

i. _____

ii. _____

17. What opportunities do you see for self-employment in this field? (free-lancing, consulting, starting your own business)

NEST STAFF ONLY

Date of Application: _____

- Full Application
- Career Investigation
- EI or CRF
- Income Support
- Letter of Acceptance
- Course Outline
- SIN

- Make appointment with Project Officers
- Confirm Documents

Date confirmed _____ (_____) (initial)

Client Level : _____

Appointment with Project Officer: _____
(project officers name)

At _____ on _____
(time) (date)