



Neyaskweyahk Employment Skills Training
Box 219, Maskwacis, Alberta, TOC INO
Phone: (780) 585-0191 Fax: (780) 585-3319
Toll free: 1-(866)-585-3941

Capacity Program Application Form

NAME:	
Class 5	Pardon Fee
Drivers License Renewal	Criminal Record Check Fee
Rent\ Damage	GED Testing
Birth Certificate	Driver Impact Course
Social Insurance Card	Employment/ Education
School Registration Fee	Fine Option
Please explain type of support requesting:	

For your application to be processed and reviewed, ALL required information/documents must be provided.

APPLICATION FORM CHECK LIST:

Full Application
Letter of Employment/ School Confirmation
Personal Letter of request for Support (from applicant)
Documents to verify what type of support you are re-

CAPACITY PROGRAM 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
Are you an ERMINESKIN BAND Member? Yes <input type="checkbox"/> No <input type="checkbox"/>	SIN

Address

Street/ Box #	City
Province	Postal Code
At present your income is provided By <input type="checkbox"/> Employment <input type="checkbox"/> Student Finance <input type="checkbox"/> Other : _____	Social Services <p style="text-align: center;">YES NO</p> Office Location: _____ Start date: _____ End Date: _____

EMPLOYMENT Information

Company:	Phone number:
Address	Supervisor name:
	Job Title
Start date:	Is your employment letter included with application? YES NO

Education/ Certification

Are you currently attending School/College/University/Training Program? YES NO

Name of Program: _____ Start Date: _____

School/Institution Name and Location:

Highest Grade Completed:	School Name:		Year:
	City	Province	
College/University/Technical School		Do you have a Valid Driver's License	
Did you obtain (please circle) Certificate Diploma Degree	Do you have a Ticketed Trade?	YES	NO
	If yes, What is the name of your Trade: _____	What class Driver's License : _____	
		YES	NO
		Do you have transportation Problems?	
		YES	NO

CLIENT CONFIDENTIALITY AND CONSENT FORM

- This information is collected under the authority of the Neyaskweyahk Employment Skills Training Program Agreement. Signed between Human Resource Skills Development Canada and Ermineskin Cree Nation. This information will be used to gather and store 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 registration, you authorize us to share only that information which is required by our partners in programs and service delivery.
- You have access to information (under the Access to Information Act) that we maintain about you and may request to see it upon one day's written notice of such a request. Be reminded that Neyaskweyahk Employment Skills Training Program is merely a custodian of the information gathered on clients and that all information is the sole property of the Human Resource Skill Development 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 AUTHORITY TO SHARE IT WITH PARTNERS.

I, _____ the undersigned, have read and understand this registration 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 Neyaskweyahk Employment Skills Training of any changes within 48 hrs. Should I decide to apply for funding from Ermineskin Human Resource Skill Development, I understand that this information shall be considered as part of any application for funding.

Client Name (PRINT):

Last _____ First _____ Middle _____

Signature: _____ Date: _____