

# CARCROSS / TAGISH FIRST NATION



Capacity Development Department

P.O. Box 130

CARCROSS, YUKON Y0B 1B0

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## ASETS Training Application

### TRAINING ASSISTANCE APPLICATION

#### SECTION 1: PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: (DD/MM/YYYY) \_\_\_\_\_  
*First Middle Initial Last Name*

Social Insurance Number: \_\_\_\_\_ Status Number: (if applicable) \_\_\_\_\_

Beneficiary Number: \_\_\_\_\_ First Nation: \_\_\_\_\_

Male: \_\_\_\_\_ Métis \_\_\_\_\_ Status \_\_\_\_\_ Any disabilities: \_\_\_\_\_  
Female: \_\_\_\_\_ Inuit: \_\_\_\_\_ Non-status \_\_\_\_\_

**\*Please include a Status Card or Beneficiary Number as proof of citizenship\***

Mailing Address: \_\_\_\_\_  
*Apt/Unit Street City*  
\_\_\_\_\_  
*Province/Territory Postal Code*

Permanent Address:  
(if different than above) \_\_\_\_\_  
*Apt/Unit Street City*  
\_\_\_\_\_  
*Province/Territory Postal Code*

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single, independent  
\_\_\_\_\_ Single, living with parents  
\_\_\_\_\_ Married, with Employed Spouse  
\_\_\_\_\_ Married, with Dependent Spouse  
\_\_\_\_\_ Widowed  
\_\_\_\_\_ Separated

Number of Dependents: \_\_\_\_\_  
**\* Please include proof of dependents  
(Revenue Canada documentation)\***

Please list any barriers to employment: (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> lack of labour force attachment | <input type="checkbox"/> education                          |
| <input type="checkbox"/> lack of work experience         | <input type="checkbox"/> economic conditions                |
| <input type="checkbox"/> lack of transportation          | <input type="checkbox"/> dependent care                     |
| <input type="checkbox"/> remoteness                      | <input type="checkbox"/> lack of marketable skills          |
| <input type="checkbox"/> language                        | <input type="checkbox"/> physical, emotional, mental health |
| <input type="checkbox"/> other: _____                    |   |

**SECTION 2: CURRENT SOURCES OF INCOME:** *(check all that apply)*

Employed Job Title: \_\_\_\_\_  
      Full-Time Employer: \_\_\_\_\_  
      Part-Time Start Date: \_\_\_\_\_  
  
 Receiving C/TFN Temporary Financial Assistance  Personal Savings  Family Contributions  
 Currently receiving Employment Insurance benefits OR  Have received EI within the last 3 years  
 Currently receiving Maternity of Parental EI benefits OR  Have received maternity of parental benefits within the last 5 years  
 Other: \_\_\_\_\_

**SECTION 3: TRAINING PROGRAM INFORMATION**

Name of Training Course: \_\_\_\_\_  
 Location of Training Course: \_\_\_\_\_  
 Starting Date: (D/M/Y) \_\_\_\_\_ Finish Date: (D/M/Y) \_\_\_\_\_  
 Tuition Cost: \_\_\_\_\_ Books Cost: \_\_\_\_\_ Other: \_\_\_\_\_  
 Check all those costs you may have to pay while taking this course:  
 travel  accommodation  meals  child care  
 training allowance  work gear  
 Reason for funding request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: EDUCATION AND TRAINING HISTORY**

Provide details of all training courses or programs that you have attended in the last 5 years:

| Name of Course | Start Date | End Date | Course Completed (Y/N) | C/TFN Sponsored (Y/N) | Comments |
|----------------|------------|----------|------------------------|-----------------------|----------|
|                |            |          |                        |                       |          |
|                |            |          |                        |                       |          |
|                |            |          |                        |                       |          |
|                |            |          |                        |                       |          |
|                |            |          |                        |                       |          |

What is your highest level of education? \_\_\_\_\_

Please provide details of your employment history, OR attach a current resume.

| Job Title | Organization Name/Employer | Start Date | End Date | Reason for Leaving |
|-----------|----------------------------|------------|----------|--------------------|
|           |                            |            |          |                    |
|           |                            |            |          |                    |
|           |                            |            |          |                    |

**Aboriginal Skills & Employment Training Strategy  
ASETS PARTICIPANT INFORMATION FORM – AMS Data Entry Form**

**File Number (Source of Funding):**

**Responsibility Centre (RC):** 5043

CRF# 010045110

EI # 010045128

**CLIENT IDENTIFICATION**

|                             |                            |                               |
|-----------------------------|----------------------------|-------------------------------|
| Last Name                   | First Name                 | Middle Name(s)/Initials       |
| Maiden Name (if applicable) | Date of Birth (YYYY-MM-DD) | Social Insurance Number (SIN) |

**GENDER**

Male  Female  Unspecified

**CONTACT INFORMATION**

|  |                              |               |
|--|------------------------------|---------------|
| Apartment/Unit # (if applicable)       | Street Address or Box Number |               |
| City/Town/Community                    | Province                     | Postal Code   |
| Telephone Number (including Area Code) | Other Number for Messages    | Email Address |

**SOURCE OF INCOME**

*Social Assistance Recipient* (Provincial OR First Nation):  No  Yes

*EI Claimant:*

Employment Insurance Claimant → Gross Weekly Rate: \$\_\_\_\_\_ Number of Weeks Entitled: \_\_\_\_\_

Reach-Back\* Client/Former Client (\*On EI Regular Benefits in the last 3 years OR on Special Benefits (Maternity, Parental, Sickness, etc.) in the last 5 years)

Non-Insured Client

*Other (please specify):* \_\_\_\_\_

**ABORIGINAL GROUP**

Registered (status) Indian  Métis

Non-status Indian  Inuit

**DISABILITY**

No  Yes (Specify): \_\_\_\_\_

**MARITAL STATUS**

Single  Married or Equivalent  Divorced  Widowed  Separated

**BARRIERS TO EMPLOYMENT: (CHOOSE ALL THAT APPLY)**

|  |  |
|--|--|
| <input type="checkbox"/> None<br><input type="checkbox"/> Lack of Labour Force Attachment<br><input type="checkbox"/> Lack of Work Experience<br><input type="checkbox"/> Lack of Transportation<br><input type="checkbox"/> Remoteness<br><input type="checkbox"/> Lack of Marketable Skills<br><input type="checkbox"/> Other Barrier Not Listed Above | <input type="checkbox"/> Education<br><input type="checkbox"/> Language<br><input type="checkbox"/> Economic<br><input type="checkbox"/> Dependent Care<br><input type="checkbox"/> Physical, Emotional or Mental Health |
|--|--|

Specify: \_\_\_\_\_

**NUMBER OF DEPENDANT CHILDREN**

|   |  |
|---|--|
| <p><b>DEPENDENT CHILDREN:</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes →</p> <p><b>CHILDCARE NEED:</b> (Is childcare required for this Action Plan?)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p><b>NUMBER OF DEPENDENT CHILDREN:</b></p> <p>____ Under 18 Years</p> <p><b>CHILDCARE FUNDED:</b> (Choose type of support, if applicable)</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> FNICCI</p> <p><input type="checkbox"/> EI/CRF</p> <p><input type="checkbox"/> Provincial Funding or Subsidy</p> <p><input type="checkbox"/> No Funding Received</p> <p><input type="checkbox"/> Daycare Space Not Available</p> <p><input type="checkbox"/> Assisted by Family/Self-Funded</p> |
|---|--|

**EDUCATION LEVEL PRIOR TO ACTION PLAN**

|   |  |
|---|--|
| <p><u>Highest level of education attained</u></p> <p><input type="checkbox"/> No Formal Education</p> <p><input type="checkbox"/> Up to Grade 7 – 8 (Secondary I = Grade 8)</p> <p><input type="checkbox"/> Grade 9 – 10 (Secondary II – III)</p> <p><input type="checkbox"/> Grade 11 – 12 (Secondary IV – V)</p> <p><input type="checkbox"/> Secondary School Diploma or GED</p> <p><input type="checkbox"/> Some Post-Secondary Training</p> <p><input type="checkbox"/> Apprenticeship or Trades Certificate or Diploma</p> <p><input type="checkbox"/> College, CEGEP, or Other Non-University Certificate or Diploma</p> <p><input type="checkbox"/> University Certificate or Diploma</p> <p><input type="checkbox"/> University – Bachelor’s Degree</p> <p><input type="checkbox"/> University – Master’s Degree</p> <p><input type="checkbox"/> University – Doctorate</p> | <p>Province/Territory in which highest level of education was attained:</p> <p>_____</p> |
|---|--|

**SKILLS & CERTIFICATES**

|                       |           |          |                       |
|-----------------------|-----------|----------|-----------------------|
| Attach Copy of Resume | _____ yes | _____ no | resume required _____ |
| _____                 | _____     | _____    | _____                 |
| _____                 | _____     | _____    | _____                 |

**RECENT WORK EXPERIENCE**

|                       |           |          |                       |
|-----------------------|-----------|----------|-----------------------|
| Attach Copy of Resume | _____ yes | _____ no | resume required _____ |
|-----------------------|-----------|----------|-----------------------|

**PARTICIPANT CONSENT TO RELEASE INFORMATION**

I, \_\_\_\_\_ the undersigned, give my consent for \_\_\_\_\_ to  
*(Name of client)* *(Name of Agreement and/or Sub-Agreement Holder)*  
 release the information contained in this form regarding my participation in an ASETS/SPF program to ESDC/Service Canada and The Council of Yukon First Nations. I also authorize the sharing of any and all information related to the training/courses/supports interventions/attendance/ outcomes, etc. between the First Nation named above, Council of Yukon First Nations, ESDC/Service Canada and Training Institution: \_\_\_\_\_/Employer: \_\_\_\_\_. 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 ASETS/SPF program and provided to HRSDC/Service Canada for the evaluation and accountability of the ASETS/SPF program and I am aware that representatives of CYFN and/or HRSDC/Service Canada may contact me directly.

\_\_\_\_\_

Participant Signature Date (YYYY-MM-DD)

# 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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Counsellor Signature: \_\_\_\_\_

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

**TO BE COMPLETED BY CASE MANAGER (ETO) 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 Occupation 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**

CLIENT NAME: \_\_\_\_\_

SIN: \_\_\_\_\_

ACTION PLAN RESULT DATE : \_\_\_\_\_ (YYYY-MM-DD)

INTERVENTION RESULTS: (Reason required for all interventions not completed – record # from listed options 1-45)

| 1 (CC)                                    | 2 (IS)                                    | 3 (IS)                                    | 4 (IS)                                    | 5 (WS)                                    |
|---|---|---|---|---|
| <input type="checkbox"/> In progress      | <input type="checkbox"/> In progress      | <input type="checkbox"/> In progress      | <input type="checkbox"/> In progress      | <input type="checkbox"/> In progress      |
| <input type="checkbox"/> Completed        | <input type="checkbox"/> Completed        | <input type="checkbox"/> Completed        | <input type="checkbox"/> Completed        | <input type="checkbox"/> Completed        |
| <input type="checkbox"/> Incomplete _____ | <input type="checkbox"/> Incomplete _____ | <input type="checkbox"/> Incomplete _____ | <input type="checkbox"/> Incomplete _____ | <input type="checkbox"/> Incomplete _____ |
| <input type="checkbox"/> Failed to Report | <input type="checkbox"/> Failed to Report | <input type="checkbox"/> Failed to Report | <input type="checkbox"/> Failed to Report | <input type="checkbox"/> Failed to Report |
| <input type="checkbox"/> Cancelled _____  | <input type="checkbox"/> Cancelled _____  | <input type="checkbox"/> Cancelled _____  | <input type="checkbox"/> Cancelled _____  | <input type="checkbox"/> Cancelled _____  |
| <input type="checkbox"/> Rescheduled      | <input type="checkbox"/> Rescheduled      | <input type="checkbox"/> Rescheduled      | <input type="checkbox"/> Rescheduled      | <input type="checkbox"/> Rescheduled      |

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>1=Client failed to report</li> <li>3=Intervention cancelled</li> <li>5=Illness, maternity, death</li> <li>7=Found work related to Intervention</li> <li>9=Course/intervention unsuitable for client</li> <li>11=Unsatisfactory progress/discipline/poor attendance</li> <li>13=Family responsibilities</li> <li>15=Left labour force</li> <li>17=Client changed his mind</li> <li>19=No contact</li> <li>21=Client started a business</li> <li>23=Rescheduled</li> <li>25=Referred to outside Agency</li> <li>27=Client found a job</li> <li>29=Still in secondary school system</li> <li>31=Not registered in provincially/territorially designated Red Seal trade</li> <li>32=Application too late</li> <li>34=Applied with advanced standing for Level 1</li> <li>36=Failed to provide proof of registration</li> <li>38=Failed to provide other required doc.</li> <li>40=Incomplete application form</li> <li>42=Level completion confirmed prior to Jan. 1, 2007</li> <li>44=Registered less than 24 months - Level 2 (Ontario only)</li> <li>46=To change CEP Intervention type</li> </ul> | <ul style="list-style-type: none"> <li>2=Intervention authorization cancelled</li> <li>4=Discontinued to take other course/intervention</li> <li>6=Financial problems</li> <li>8=Found work unrelated to intervention</li> <li>10=Transportation problems</li> <li>12=Judicial problems</li> <li>14=Completed successfully prior to scheduled date</li> <li>16=Other reasons</li> <li>18=Did not follow through</li> <li>20=Client moved out of area</li> <li>22=Intervention not available</li> <li>24=Transferred to 3rd party</li> <li>26=Other administrative reason</li> <li>28=Not a Canadian citizen or permanent resident</li> <li>30=Not a registered apprentice</li> <li>33=Maximum of \$2,000 reached</li> <li>35=Applied with advanced standing for Level 2</li> <li>37=Failed to provide proof of progression</li> <li>39=SIN failed Registration &amp; Authentication</li> <li>41=Applicant completed training Level 3 or higher</li> <li>43=Registered less than 12 months - Level 1 (Ontario only)</li> <li>45=Data entry error</li> </ul> |
|--|--|

**EDUCATION LEVEL AFTER ACTION PLAN**

*Highest level of education attained after completing all interventions under this Action Plan*

- |  |   |
|--|---|
| <input type="checkbox"/> No Formal Education                             | <input type="checkbox"/> Up to Grade 7 – 8 (Secondary I = Grade 8)                      |
| <input type="checkbox"/> Grade 9 – 10 (Secondary II – III)               | <input type="checkbox"/> Grade 11 – 12 (Secondary IV – V)                               |
| <input type="checkbox"/> Secondary School Diploma or GED                 | <input type="checkbox"/> Some Post-Secondary Training                                   |
| <input type="checkbox"/> Apprenticeship or Trades Certificate or Diploma | <input type="checkbox"/> College, CEGEP, or Other Non-University Certificate or Diploma |
| <input type="checkbox"/> University Certificate or Diploma               | <input type="checkbox"/> University – Bachelor's Degree                                 |
| <input type="checkbox"/> University – Master's Degree                    | <input type="checkbox"/> University – Doctorate   |

**Employment Outcome Date** \_\_\_\_\_

**3 Month Follow Up Date** \_\_\_\_\_

**Employment Status Post-Intervention**

**Employment Status Post-Intervention**

- Employed NOC \_\_\_\_\_
  - Full-time
  - Part-time
  - Seasonal
- Unemployed
- In Another Intervention
- Returned to School

- Employed NOC \_\_\_\_\_
  - Full-time
  - Part-time
  - Seasonal
- Unemployed
- In Another Intervention
- Returned to School

INITIAL INPUT IN AMS

DATE: \_\_\_\_\_

RESULTS INPUT IN AMS

DATE: \_\_\_\_\_

ACTUAL EXPENSES ENTERED INTO AMS

DATE: \_\_\_\_\_

EXPENSES SCANNED INTO AMS

DATE: \_\_\_\_\_

CERTIFICATE SCANNED INTO AMS

DATE: \_\_\_\_\_





# CARCROSS / TAGISH FIRST NATION



FINANCE  
Government of Carcross Tagish First Nation (G/CTFN)  
BOX 130  
CARCROSS, YUKON Y0B 1B0  
Phone: 867-821-4251  
Fax: 867-821-3903

## 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 _____           | \$ _____ |
| <b>TOTAL \$</b>       | _____    |

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) \_\_\_\_\_

**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)