



ABORIGINAL SKILLS & EMPLOYMENT TRAINING STRATEGY (ASETS)

P.O. BOX 549
WABASCA, AB T0G 2K0
Phone: 780.891.3313
Fax: 780.891.3301
Toll Free: 1.866.891.3313
Email: bcnaset@bigstone.ca

Service
Canada

SKILLS FOR EMPLOYMENT TRAINING PROGRAM

MISSION STATEMENT: To provide various labour market services to First Nation members who are underemployed and have demonstrated a barrier to getting employment. These services are available to those First Nation members who are residing on or off reserve with the following communities:

- * **Wabasca/Desmarais**
- * **Sandy Lake**
- * **Calling Lake**
- * **Chipewyan Lake**
- * **Peerless Lake**
- * **Trout Lake**

PROGRAM DESCRIPTION: The Skills for Employment Training (SET) Program supports training interventions that will provide the client with basic foundation skills and/or occupational skills, which will enable them to prepare for, obtain and maintain employment. The SET Program support is available for programs that are **fifty-two weeks (one year) or less** in duration. Some examples of SET programs are as follows;

- * Technical (professional) training that provides knowledge, skills and abilities to perform certain occupations
- * Apprenticeship Training Programs
- * Self-Employment Training Programs

Financial support can consist of, but is not limited to, the following;

- * Tuition
- * Book and supply costs
- * Training allowance (monthly)
- * Dependant care costs
- * Travel funds (if necessary)

ELIGIBLE TRAINING INSTITUTES: Public training institutions (service providers) that provide skill training that will result in certification (accreditation) that is recognized and accepted by employers.

CLIENT ELIGIBILITY CRITERIA:

- * Treaty status individuals residing in the Bigstone Cree Nation territory
- * Unemployed, underemployed or employment threatened
- * Have undergone an employability assessment and demonstrate an employment need/barrier interfering with their ability to work
- * Demonstrate that a lack of employment skills/certification is what is preventing them from work and that the skill training will enable them to obtain sustainable employment
- * Client is ready, willing, and able to pursue the training
- * Client is 18 years of age or older and has been out of the regular school system for one calendar year
- * Client does not have an over payment with Bigstone Cree Nation ASETS.
- * Has not received previous financial assistance from BCN ASETS in the past year for Skills Training.
- * Client needs to demonstrate that they are employment ready and the training will lead directly to employment, improve their employment potential and/or provide skills in an occupation that is in high demand.

APPLICATION PROCESS: In order for application to be processed in a timely matter, please ensure you include all requested documentation;

- * Completed Skills for Training Application
- * Copy of Status Card
- * Letter of Acceptance from Institution
- * Course Outline
- * Cost of Tuition/Books/Supplies
- * Provide all relevant transcripts, grade reports, diplomas, certificates and licenses
- * Provide Alberta Treasury Branch (ATB) bank account information for direct deposit purposes.
Should you not have a ATB account , your cheque will be mailed to your current address on file
- * Sign the Post Secondary Release of Information
- * Sign the Authorization to Release Information
- * Completed Letter of Intent
- * Completed Employer Research Section
- * Decline letter from another funding institution if you reside outside the Bigstone Cree Nation territory

You will receive a phone call from the Career & Employment Counsellor to make an appointment to review and assess application. In order for your application to be processed in a timely manner, please return phone calls promptly and commit to attending any scheduled appointments.

**PLEASE SEND YOUR COMPLETED APPLICATION BACK TO ASETS OFFICE AT
LEAST 3 WEEKS PRIOR TO THE COURSE/PROGRAM START DATE.**



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APPLICATION FOR SKILLS FOR EMPLOYMENT TRAINING (52 weeks or less)

**ALL APPLICANTS MUST COMPLETE APPLICATION AND SUBMIT REQUESTED DOCUMENTS.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

Name: _____ D.O.B: ____/____/____
Last First Middle DD MM YY

Address: _____
Box/Street Town/City Postal Code

How long have you lived at the above address? _____ Previous Address: _____

Phone Number: _____ Cell Number: _____ Email: _____

Social Insurance Number: ____/____/____ Gender: Male ___ Female ___

Aboriginal Group: Registered Indian ___ Non-Status Indian ___ Metis ___ Inuit ___

Status Number: _____ First Nation: _____

COPY OF STATUS CARD MUST BE ON FILE

Residence: On Reserve ___ Off Reserve ___ Language Spoken: English ___ Cree ___ Both ___ Other ___

Marital Status: Married or Common-Law ___ Single ___ Separated ___ Divorced ___ Widowed ___

Dependants: Yes ___ No ___ How many? ___ Ages: 0-5 ___ 6-11 ___ 12-18 ___

Have you been assisted by ASETS before? _____ For what services? _____

Are you currently Employed? _____ If yes, which company? _____

Are you Self-Employed (own your own business)? _____ If yes, company name? _____

Do you have a valid drivers license? Class: _____ Province: _____ Expiry: _____

Do you have a specialized drivers license? Class: _____ Province: _____ Expiry: _____

For office use only:
CRF _____
RB _____
EI _____

What training/program are you applying for? _____

Start Date: _____ End Date: _____

Institution: _____ City/Town: _____

Explain why you chose to apply for this field of training? _____

What type financial assistance are you requesting (Tuition/Books/Training Allowance etc)? _____

What is your short-term goal? (goals that you want accomplish within 12 months) _____

What is your long-term goal? (goals that you want to accomplish in the next 5 years) _____

List three drawbacks to achieving your goals:

1. _____
2. _____
3. _____

EDUCATION INFORMATION

Are you currently a student? _____ If yes, where? _____

Highest Grade Completed: _____ School: _____ Year _____

Post Secondary: (list completed programs/training starting with most recent)

Program: _____ School: _____ Year _____

Program: _____ School: _____ Year _____

Program: _____ School: _____ Year _____

Program: _____ School: _____ Year _____

Are you a Registered Apprentice? Trade: _____ Level: _____

(Welder/Carpenter/Electrician etc) Institution: _____ Year: _____

CLIENT HISTORY

During the last 3 years, were you at any time: (documentation must be provided if applicable)

In receipt of Student Finance Funding? _____ Dates: _____

In receipt of Social Assistance? _____ Dates: _____

In receipt of EI benefits? _____ Dates: _____

Have you received funding or sponsorship from Bigstone ASETS or Bigstone Education before? _____

If yes, what program? _____ Year: _____

Do you have any health problems that would interfere with your ability to obtain/maintain employment? If yes, please explain: _____

CURRENT MONTHLY INCOME:

INCOME

Work Income \$ _____
Spouse's Work Income \$ _____
Employment Insurance \$ _____
Support for Independence/AISH \$ _____
Child Support \$ _____
Student Loan \$ _____
Grants/Bursaries/Scholarships \$ _____
Savings \$ _____
Other Income _____ \$ _____
Total Monthly Income \$ _____

EXPENSES

Housing \$ _____
Utilities \$ _____
Food \$ _____
Transportation \$ _____
Childcare \$ _____
Medical Coverage \$ _____
Clothing \$ _____
Debt Payments \$ _____
Other Expenses _____ \$ _____
Total Monthly Expenses \$ _____

Is this income and expense statement typical of the last 4 months? _____

If no, please explain: _____

EMPLOYER RESEARCH

EMPLOYED APPLICANTS: Include a support letter from your current employer stating the employment benefits of the requested training.

UNEMPLOYED APPLICANTS: A minimum of three potential employers must be researched which pertain to the training you are requesting. Complete the section below.

Organization/Company: _____
Contact Name: _____ Phone: _____
Position pursuing: _____
Starting Wage: \$ _____ Potential Wage (After 1 Year): \$ _____
Does the potential employer feel this training is beneficial to the position? Would you require any additional training for the position? _____
What is the likelihood of employment after completion of training at this organization? _____

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POST SECONDARY RELEASE OF INFORMATION FORM

*The Information that you provide is collected and managed in compliance with
The Freedom of Information and Protection of Privacy Act (FOIP)*

I, _____, Student I.D # _____
(Print name) (If available)

authorize Bigstone Cree Nation Aboriginal Skills & Employment Training Strategy (ASETS)

Career & Employment Counsellor and Director to obtain any student information regarding my

academic status from _____. This includes inquires regarding
(Institution name)

attendance, course, grades, tuition and fees and information pertaining to my sponsorship,

effective _____ to _____.
(Start date of course/program) (End date of course/program)

Student Print Name Date

Student Signature

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AUTHORIZATION TO RELEASE INFORMATION FORM

STUDENT FULL NAME

SOCIAL INSURANCE NUMBER

_____ / _____ / _____

I hereby authorize Bigstone Cree Nation Aboriginal Skills & Employment Training Strategy (ASETS) to release information about the status and benefit of my Employment Insurance claim to determine my eligibility for the program and/or for alternative income support. This authorization will remain in effect until the above claimant terminates UNLESS I give written instruction to cancel authorization.

DELEGATED AUTHORITY:

BIGSTONE CREE NATION
ABORIGINAL SKILLS & EMPLOYMENT TRAINING STRATEGY (ASETS)

CAREER & EMPLOYMENT COUNSELLOR
BOX 549
WABASCA, AB T0G 2K0
PHONE: (780) 891 -3313 FAX: (780) 891 -3301

Student Name (printed)

Career & Employment Counsellor (printed)

Student Signature

Career & Employment Counsellor Signature

Date Signed

Date Signed

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CAREER RESEARCH

I have been informed that all my personal information that has been collected and compiled are for the purpose of the Bigstone Cree Nation Aboriginal Skills & Employment Training Strategy (ASETS) Agreement, and that this information will be shared with Human Resource Development Canada.

Applicant Signature _____ Date _____

Career & Employment Counsellor Signature _____ Date _____

EMPLOYMENT AND SPONSORSHIP AGREEMENT

The goal of Bigstone Cree Nation. Labour Market Development Program and Human Resource Development Canada is to develop Skills Development Training to obtain and maintain employment. Therefore, you are expected to seek employment immediately upon completion of training.

- **I agree that I will inform Bigstone Cree Nation ASETS of any changes in my personal/education/employment information that may effect/advance my employment search.**
- **I agree to have my name and phone number to be given to potential employers and that I will also periodically list companies I want my resume to be faxed or emailed to.**
- **I agree to complete the registration forms, as the Bigstone Cree Nation (ASETS) office deems proper.**
- **I agree to the training that the Career & Employment Counsellor and I deem necessary.**
- **I agree to inform Bigstone Cree Nation (ASETS) office if I receive any type of employment.**
- **I agree to keep in contact with Bigstone Cree Nation (ASETS) office regarding my employment status, as my file will be considered inactive after 3 months of non-contact with the office.**

I do solemnly promise to uphold this agreement. I will inform the Bigstone Cree Nation (ASETS) office as to any changes in my information that may effect my funding or future employment.

Applicant Signature _____ Date _____

Career & Employment Counsellor Signature _____ Date _____