

To Employment & Training Applicants

EMPLOYMENT AND TRAINING

Our services are available to the Mississaugas of the New Credit First Nation Band Members who require training to obtain employment or require employment assistance to maintain their current employment where employers do not offer assistance.

Enclosed is an application package for the Mississaugas of the New Credit Employment & Training. Please fill out application package **completely** making sure your signature is provided on all necessary forms.

To avoid delays, when you submit your application ensure the following items are included:

- Client Intake Application 6 pages to be completed fully
- Copy of your Status Card if not on file already
- Copy of course outline/ brochure, including tuition costs
- **Updated resume**

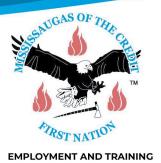
Applications are approved on individual basis and eligibility under current funding criteria. Reimbursement of any costs will only be processed if a prior approval has been granted for eligible expenditures.

High cost training requests require a minimum of 4 weeks to be properly researched and assessed.

Should you require further information on our services and programs or if you have any questions or concerns please call or write to us at the address below.

Sincerely,

Andrea King LDM Coordinator **Employment & Training**



CONSENT TO THE RELEASE OF INFORMATION

Mi	consent to release of information between any representative of the ssissaugas of New Credit office and representatives of the following agencies with respect to my lucational, training or employment related activities:
✓	Human Resources Development Canada/Service Canada
✓	Accountability Resources Management Services (ARMS) Data collection Tool
✓	Local Delivery Mechanism: Mississaugas of the New Credit
✓	Mississaugas of the New Credit First Nation Education Department
✓	Mississaugas of the Credit First Nations Band Council: Band # only
✓	Ontario Works Office
✓	Ontario Disability Office
✓	Child care provider:
✓	Training Institution:
✓	Other:
	Other:
	Other:
ac	the service delivery agent, we require all information in regards to course duration, attendance, ademic performance or any other information pertinent to the request. Any exchange of information ll be held in the strictest confidence between all parties noted above where applicable.
Da	ated at Mississaugas of New Credit First Nation,
Th	is day of, 20
 Sig	enature Witness



PARTICIPANT INTAKE APPLICATION

				^PI	EKSONA	AL IN	FORMATIC	N		EMPLO	TMENT AN	DIRAININ
First					Initial	*	Last					
Name*							Name	*				
Address	*						S.I.N.*			S	ex*	
City*			F	Postal			Phone	<u> </u>		 D.O.B*		
-				Code*			*					
 Optional (contact	methods	Email: _				I	Cell #:_				
					*BAND	AFF	ILIATION					
Status		Non-		Metis		Inui	it	Live On		L	ive Off	
		Status						Reserve (No	C)	F	Reserve	
Band						I			ı	I		
Registry	·#				L	.DM	Mississa	ugas of the N	lew Cı	redit		
				EMPLO	MENT	or TR	AINING H	STORY				
Compar	ny/Train	ing Centr	е			Title	e/Course		Sta	rt & En	d Dates	3

Year Attained

*Highest Education

Level

Employment and Training

⊙ Mississaugas of the Credit First Nation
659 New Credit Rd. Bldg #1 Hagersville, ON NOA 1H0

O Ph: 905-768-2232



*PREVIOUS FUNDING RECEIVED from Employment & Training					
Training Received		Year of Funding:			
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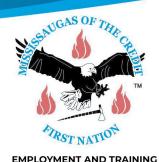
		ОТН	ER INFORMATIO	N		
* Have you completed a MNCFN Demographic Survey in the past year? (April -March)	YES	NO	Can we send y and you will b Annual \$500.0	e entered in the	YES	NO
Driver's License Class -				Access to		
AZ, DZ, F, G				Transportation	: own	
				car or a reliable	e ride	
Certificates/Licenses i.e						
First Aid, WHMIS, Fall						
Arrest etc.						
Willing to Relocate		Wher	е			
outside of current area						
Work Preferences- Job						
Туре						

*MARITAL STATUS						
Single	Married	Common Law	Widow	Other		



*PARENTAL STATUS				
Dependants Name (under 18yrs)	Age	Any Special Needs of Child		

*ALL CURRI	ENT HOUSHOLD INCOME	
Source (Self and/or Spouse)	Contact for Source of Income	Amount
Employment Insurance		
Ontario Works/General Welfare		
Family Benefits		
Workers Compensation		
Disibility		
Employed		
Child Support		
Band Funding		
Ontario/Canada Student Assistant Program		
Other-		



		EMPLOYMENT AND TRAIN				
CONTACT IN	FORMATION FOR INCOME VERI	FICATION – Employer Contact				
Organization Name						
Address	City	Postal Code				
*Contact Name	*Phone	Fax				
	INSTITUTE offering Requested	Training				
*Name						
Address	City	Postal Code				
*Contact Person	*Phone	Fax				
Occupational Training						
Start Date	End Date	No. of weeks				
*ESTIMATED (COSTS (if known) - attach docun	nentation of costs if available				
Total Course Fees (tuition	costs):					
Total Related Costs:						
(books, lab fees, details)						
Allowances:						
(living/childcaredetails)						
Total Cost-Travel (.25/km)						
	GRAND TOTAL	OF REQUEST				
		_				
*Signature		Date				

Please ensure all areas with an asterisk (*) are completed - incomplete sections can cause delays in processing.



PARTICIPANT ACTION PLAN

EMPLOYMENT AND TRAINING

In order for Mississaugas of the New Credit Employment & Training to assist you in obtaining your career goals, we require you to create an Action Plan clearly outlining your short and long-term goals so that we may better guide you. You may wish to write directly on this form or use a separate piece of paper.

I.	What have you been doing for the past several years? (i.e.: working, hobbies, education, training, attending school, raising a family, etc.)
2.	What type of career do you think you would be good at? Have you had any jobs or had education in your chosen field? What kind of work are you currently looking for? For example would you prefer outdoors, clerical, technical, skilled trades?
3.	What are your expectations for your career path in the next five years?
1.	What steps do you feel that you need to take in order to get yourself into your chosen career? State where you need to receive more training or education, <u>for example</u> : Grade 12 or equivalency, literacy skills, time management skills, business skills
	Signature: Date: