

Peguis First Nation Training & Employment
Box 609 Peguis First Nation
Peguis, Manitoba R0C 3J0

APPLICATION FOR SPONSORSHIP

ADMINISTRATION:

Received By: _____

Date Received: _____

_____ Budget (EI / CRF)

_____ HRIF

Name: _____ **Start Date:** _____

Thank you for your interest to pursue your education. Please find attached an application for Sponsorship and important information pertaining to this application.

All applications must be submitted, contain all required documents and be in contact with PFNTE at least 30 days before the start date of your program. Incomplete applications will not be reviewed.

Other Required Documents Include:

PFNTE Application For Financial Assistance

Acceptance Letter From Institution with Start & End Dates

Course Details (Tuition/Book/Supply Costs)

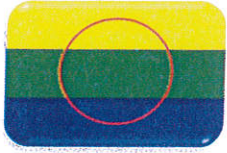
Career Plan/Expectations

A photocopy of your Status Card (Front & Back)

Labour Market Information (5-10 Job Postings, Potential Employment Letters)

A photocopy of your most recent transcript

A resume showing your education and work history



Peguis First Nation Training & Employment

CLIENT CONSENT FORM

To be eligible for participation in Peguis First Nation Training & Employment (PFNTE) sponsored programs and services the Client must provide the information requested and must consent to the collection, disclosure and use of their information as described in this notice by signing the consent and release form.

In order for PFNTE to make an informed decision, other agencies as appropriate may be contacted in order to obtain relevant facts. They may be as follows:

1. To confirm Client's request for funds, information may be required directly from:
 - a) Service Canada about current status and previous history regarding Employment Insurance Benefits.
 - b) Employment Manitoba.
 - c) Employment & Income Assistance & First Nation Welfare Agencies about receipt of Income Assistance.
 - d) Worker Compensation Board and/or other disability insurance about receipt of Workers Compensation or Disability Insurance Benefits.
 - e) Other relevant agencies.
2. Information may be required from other Training & Employment Local Delivery Mechanism in cases where an individual's origin is outside PFNTE area but the client resides in PFNTE area and the client is requesting assistance.
3. Verification of Indian Status and affiliation may be required from a First Nation Membership Clerk/Band Administrator.
4. Participant information may be provided to potential employers when making referrals for employment.
5. By signing this consent form, the client authorizes the release of any test result, academic, transcript report, attendance and other information for Peguis First Nation sponsored training/education program.
6. Should I be successful in obtaining funding from PFNTE, I agree to publish my name in any reporting material for Peguis First Nation.

I have read and fully understand this document and do consent to the collection, disclosure and any use of my personal information as described herein:

I, _____
(Name of Individual) Please Print

_____ - _____ - _____
Social Insurance Number

X _____
Signature of Individual Giving Consent

Date

For which purpose my personal information has been requested by and may be disclosed to:

Pam Favel/Alana Cochrane/Crystal Garson/Amanda Wilson
An officer of Peguis First Nation Training & Employment

ARE YOU ELIGIBLE FOR EMPLOYMENT INSURANCE (EI) BENEFITS? YES NO

HAVE YOU RECEIVED EI BENEFITS WITHIN THE PAST 3 YEARS? YES NO

HAVE YOU RECEIVED MATERNITY/PARENTAL OR SICK BENEFITS WITHIN THE PAST 5 YEARS? YES NO

DO YOU HAVE A DISABILITY? YES NO

If yes, explain: _____

EMPLOYMENT HISTORY:

DATES	JOB TITLE	EMPLOYER	REASON FOR LEAVING

SECTION II – PURCHASE OF TRAINING

DURATION OF ACTIVITY: FROM: _____ TO: _____
(MM) (DD) (YEAR) (MM) (DD) (YEAR)

FULL TIME _____ PART TIME _____ NUMBER OF HOURS PER WEEK _____

COURSE TITLE: _____

NAME OF TRAINING DELIVERY AGENCY: _____

INSTITUTIONAL ACCEPTANCE LETTER YES NO

LEVEL OF EDUCATION REQUIRED ENROLLING IN TRAINING PROGRAM: _____

LOCATION OF ACTIVITY: _____

IS THERE A WORK PLACEMENT/PRACTICUM IN THIS TRAINING PROGRAM? YES NO

PLEASE LIST THE INSTITUTES YOU HAVE RESEARCHED FOR THIS TRAINING

INSTITUTION	PROGRAM NAME	COST	REASON FOR NOT CHOOSING

FINANCIAL REQUIREMENTS

_____ COURSE COST / TUITION \$ _____

_____ BOOKS AND SUPPLIES \$ _____

_____ OTHER MATERIALS REQUIRED \$ _____

TOTAL COURSE COSTS AND MATERIALS \$ _____

INCOME SUPPORT REQUIREMENTS

ALLOWANCE TRAVEL OTHER _____

HAVE YOU APPROACHED OTHER SOURCES FOR FUNDING? YES NO

IF YES, ATTACH LETTERS OF ACCEPTANCE/REFUSAL.

SECTION III – CAREER PLAN / EMPLOYMENT GOALS

1. WHAT INFLUENCED YOU TO CHOOSE THIS CAREER OR VOCATIONAL PROGRAM?

2. HOW DOES THIS PROGRAM OF STUDIES RELATE TO YOUR CAREER GOAL?

3. WHAT KINDS OF JOBS WILL YOU BE QUALIFIED FOR IF YOU COMPLETE THIS PROGRAM OF STUDIES?

4. DOES THIS OCCUPATION HAVE ANY SPECIAL REQUIREMENTS FOR EMPLOYMENT? PLEASE EXPLAIN.
Please be advised, we require a copy of this confirmation for your client file. For example, Class 5 Driver's License, Criminal Record Check, Child Abuse Registry, Driver's Abstract, or any other required information.

5. WHERE DO YOU EXPECT TO BE EMPLOYED ONCE YOU COMPLETE YOUR PRGRAM? WILL YOU NEED TO RELOCATE TO FIND WORK?

6. WHAT CHALLENGES/BARRIERS MIGHT YOU FACE IN THIS PROGRAM? HOW WILL YOU MANAGE THEM?

IN SUMMARY, STATE WHAT YOUR EXPECTATIONS AND EMPLOYMENT GOALS ARE, (SHOULD YOUR APPLICATION BE ACCEPTED) ONCE THE INTERVENTION IS COMPLETED.

SECTION IV – LABOUR MARKET INFORMATION

FUTURE EMPLOYMENT PROSPECTS/OUTLOOK:

HAVE YOU RESEARCHED THE FUTURE OUTLOOK FOR EMPLOYMENT IN THIS OCCUPATION OR INDUSTRY?

YES NO

JOB POSTINGS:

FIND 5 – 10 JOB POSTINGS FOR THE TYPE OF POSITION YOU WANT TO ACQUIRE AFTER TRAINING (INCLUDE WITH APPLICATION).

SKILLS REQUIRED: _____

SALARY RANGE: _____

NUMBER OF POSTINGS: _____ SOURCES: _____

SECTION V – SIGNATURE

I certify that the above information is accurate and true to the best of my knowledge. If funding is approved. I will adhere to Peguis First Nation Training & Employment program policy guidelines. Failure to do so or knowingly provide false information will result in funding (if approved) being revoked.

CLIENT NAME: _____

CLIENT SIGNATURE: _____

DATE: _____