

## APPLICANT INFORMATION FORM

The following information is required by NWAC and YAWC for funding purposes. Please complete Sections A to F and submit completed form to the YAWC ISET Coordinator for approval review. This process must be completed before commencement of any proposed activity/intervention. Applicant information is confidential and will be used only to determine eligibility for the intervention request under the ISET program. If you have any questions, please contact the ISET Coordinator.

SECTION A: PERSONAL INFORMATION	
Social Insurance Number (SIN):	Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other _____
Last Name:	First Name:
Middle Name(s)/Initial(s):	Common Name: <i>(if applicable)</i> :
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse	Date of Birth: _____/_____/_____ YYYY MM DD
I affirm that I am an Indigenous Person	
Indigenous Group: <input type="checkbox"/> Registered Indian <input type="checkbox"/> Non-status Indian <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	
Treaty/Status/Métis Number:	Home Community:
Citizenship:	Preferred Language:
Marital Status: <input type="checkbox"/> Married or equivalent <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <i>If married or equivalent, spouse's name:</i>	
Dependent Children: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please list ages of children:</i>	
Do you consider yourself to have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	
Other than indigenous do you identify with a visible minority group? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you currently a Social Assistance recipient? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you currently an Employment Insurance recipient? <input type="checkbox"/> No <input type="checkbox"/> Yes
Labour force information <i>(Choose all that apply)</i> : <input type="checkbox"/> Under-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Student Full-time <input type="checkbox"/> Student Part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Other (please specify): _____	

<b>SECTION B: CONTACT INFORMATION</b>		
Street, Apt., or Box #:	Street Address:	
City/Province/Territory:	Postal Code:	
Other Address:	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Other Address, specify:
Home Phone:	Cell Phone:	
Alternate Phone:	Email:	
Emergency Contact Name:	Relationship:	Phone #:
<b>SECTION C: BUDGET</b>		
<p><b>REVENUES:</b></p> <p>You must apply to your First Nation or other indigenous group before requesting funding from YAWC. Have you applied for funding support from other sources (e.g., indigenous nation/band/organization funding, student loans, etc.)? From whom? _____</p> <p><input type="checkbox"/> No (Why not?) _____ If denied funding, please include a <u>denial letter</u>(s).</p> <p><input type="checkbox"/> Yes (Did you receive funding? If yes, how much? \$ _____ From whom? _____.</p>		
<p><b>PREVIOUS ISET FUNDING:</b></p> <p>Have you ever received funds from the ISET Program?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes (Please specify what the funding was for and in what year(s)):</p> <p>_____</p>		
<p><b>EXPENSES:</b></p> <p>What is the <b>TOTAL</b> actual cost of your training/employment funding request? \$ _____</p> <p><b>Expense breakdown</b> (Complete all that apply):</p> <p>Job placement expenses \$ _____</p> <p>Other \$ _____ Specify: _____</p>		

SECTION D: EDUCATION LEVEL
<p>Current Education Level: <b>(Choose all that apply):</b></p> <p><input type="checkbox"/> No formal education</p> <p><input type="checkbox"/> Up to Grade 7-8 - Year completed: _____</p> <p><input type="checkbox"/> Grade 9-10 - Year completed: _____</p> <p><input type="checkbox"/> Grade 11-12-Year completed: _____</p> <p><input type="checkbox"/> Secondary School Diploma or GED - Year completed: _____</p> <p><input type="checkbox"/> Some post-secondary training/courses - Year completed: _____</p> <p><input type="checkbox"/> Apprenticeship/ trades certificate or diploma - Year completed: _____</p> <p><input type="checkbox"/> College, CEGEP, or other non-university certificate or diploma - Year completed: _____</p> <p><input type="checkbox"/> University certificate or diploma - Year completed: _____</p> <p><input type="checkbox"/> University - Bachelor Degree - Year completed: _____</p> <p><input type="checkbox"/> University - Masters degree - Year completed: _____</p> <p><input type="checkbox"/> University - Doctorate - Year completed: _____</p>
SECTION E: EMPLOYMENT GOALS
<p>What are your short-term employment goals / expected outcomes?</p>
<p>What are your long-term employment goals?</p>
<p>Are there employment opportunities in your area that match with your employment goals?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you researched the career field you are interested in to know what is required?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What are your strengths?</p>
<p>What is your current employment barrier(s)? What do you think is stopping you from having a job now?</p>
<p>What is required to reach your employment goals? List what you need to do to make your goals a reality.</p>

Describe your training program or employment opportunity (e.g. institution/employer, length of training, start date/end date, expected outcome). **Please *include your acceptance letter*.**

What supports do you currently have that will help you reach your employment goals? Do you have anyone or anything that will motivate you or help you succeed (e.g. family, elder, counsellor, community organization)?

Are you willing to relocate, if required for training?  No  Yes, where?

Are you willing to relocate, if required for employment?  No  Yes, where?

Comments:

#### SECTION F: APPLICANT CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_, the undersigned give my consent for the  
(Applicant Name)

Native Women's Association of Canada and Yukon Aboriginal Women's Council to release the information contained in this form regarding my participation in the ISET program to ESDC. I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that may be used to determine my eligibility for the ISET program and provided to ESDC for the evaluation and accountability of the ISET program. I give my consent for the YAWC ISET Coordinator to contact other service/funding providers identified in this form regarding my application and other sources of income.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)