



Athabasca Chipewyan First Nation Employment & Training Office

In Partnership with

Service
Canada 

PO Box 366
Fort Chipewyan, AB T0P 1B0

(780) 697-3730 ext. 29
Toll Free 1-888-420-7011
Fax Number (780) 697-3500
Email hrdev@telus.net

Registration & Sponsorship Package

Please fill out all forms within this package to the best of your ability, this will enable us to process your application more efficiently, and it will enhance your chances for sponsorship or potential employment opportunities.

The information that you provide regarding your educational status, financial status and dependants must be accurately stated without misrepresentation.

Please understand that any false information can result in immediate cancellation of your application

Please be advised we require at least two weeks to process and complete any funding requests. Please have all paper work completed and returned to the ACFN office two weeks prior to your scheduled course

Please return completed package to ACFN Employment & Training Office



Athabasca Chipewyan First Nation Education/Employment & Training

IN PARTNERSHIP with
 Human Resources
Development Canada

PO Box 366
Fort Chipewyan, AB
TOP 1B0

Phone: (780) 697-3730
1-888-420

Registration for career and/or employment referral

* Please fill out form best to your ability*

All Required areas are highlighted in yellow, Applications that don't have these areas completed will be returned and delay your application process

First Name: _____ **Middle Initial(s):** _____ **Last Name:** _____ **SIN #:** _____
Mailing Address: _____ **City/Town:** _____ **Province:** _____ **Postal Code:** _____

Date of Birth: _____ / _____ / _____ **Daytime Phone Number:** _____ **Alternative Phone Number:** _____
 Month Day Year

Status Métis Non status **Band Name:** _____ **Band Registry Number:** _____

Gender: Male Female **Dependants:** Yes: No: Number of Dependants: _____

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Common-law If other please specify : _____		Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student		Returning next semester? Yes <input type="checkbox"/> No <input type="checkbox"/> Institution: _____ Program name: _____
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Grade 12 Completed: Yes No **Granted GED:** Yes No

Highest Grade Completed & Year: _____ **Institution Name:** _____ **Province:** _____

Drivers License: Yes No **Class:** _____ **Province Issued:** _____ **Access to vehicles:** Yes No

Member of a Union: Yes No **Which union and Where:** _____

Are you indentured as an Apprentice or hold a Journeyman Certificate? Yes No **Type:** _____

Willing to relocate: Yes No **Do you have a Disability?** Yes No **If yes, type:** _____

Are you Currently on EI? Yes No **In the last three (3) years:** Yes No

Are you receiving Social Assistance? Yes No **If yes:** Provincial Federal Band Support

List 3 occupations that you are willing to work:

1. _____
2. _____
- _____

Do you require any special tickets for these occupations? Yes No

If yes what kind: _____

Please list and relevant skills/training that you may have
(i.e.: WHMIS, CSTS, First Aid and any other certificates you possess)

Type	Date of Issue	Date of Expiration

1. Most recent employer (complete to the best of your knowledge)

Company:	Title:	/ /	to	/ /	
		Month Day Year		Month Day Year	
City/Town:		Province:		Phone Number:	
Describe Duties					

2. Employment (complete to the best of your knowledge)

Company:	Title:	/ /	to	/ /	
		Month Day Year		Month Day Year	
City/Town:		Province:		Phone Number:	
Describe Duties					

3. Employment (complete to the best of your knowledge)

Company:	Title:	/ /	to	/ /	
		Month Day Year		Month Day Year	
City/Town:		Province:		Phone Number:	
Describe Duties					



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Career Assessment

* This is not an endorsement to training. Information submitted is required for consideration of training authorization*

First Name:	Middle Initial(s)	Last Name:	Social Insurance Number:
Mailing Address:	City/Town:	Province:	Postal Code:
Date of Birth:	Application Date:		

1. What is your long term occupational career goal?

2. Why did you choose this career and/or occupation?

3. List reasons why you think this career/occupation is suitable for you?

4. What special qualities, strengths, talents, and/or training do you have that make this career suitable for you?

5. What are the typical duties of this occupation that you would be required to do?

6. Every career has its drawbacks; list some of the drawbacks that go hand in hand with this type of work?

7. What barriers or obstacles do you see in returning to school (i.e.: daycare, transportation, accommodations etc.)

What possible solutions do you have to overcome these barriers?

8. Have you been sponsored before? If yes,
Name of Sponsor:

Name of Course:

Date of Course:

Course Completed: Yes: No: If no, Why?

9. Where do you see yourself in five (5) years?

10. What specific training and/or certification are needed to work in this field?

Name of program:

11. Where is training available? Name Institutions/Colleges/Universities

12. Which institution do you plan to attend and why?

13. How long will training be and what certification will be granted upon completion?

14. How did you find out about this program?

- | | |
|---|---|
| <input type="checkbox"/> Agency/School Referral | <input type="checkbox"/> Open House |
| <input type="checkbox"/> Career Center | <input type="checkbox"/> Program Showcase |
| <input type="checkbox"/> Calendar/Brochure | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> High School Visit |
| <input type="checkbox"/> Radio or Television | <input type="checkbox"/> Other, Please Specify: |

15. Describe the research undertaken to arrive at your career decision. Name three (3) sources you contacted for information regarding your career goal(s).

1. Contact Person:

Company/Educational Institution:

Date:

2. Contact Person:

Company/Educational Institution:

Date:

3. Contact Person:

Company/Educational Institution:

Date:

Institution Information

Name of School or Training Institution

Program of Study

Location of Institution

Province:

Length of Program

Complete address of Institution:

Start Date:

End Date:

Will a certificate/diploma be granted upon completion:

Yes

No

Tuition Costs:

Book Fees:

Registration Fees:

Any Additional Fees:

Please Specify:

ACFN DOES NOT PROVIDE LIVING ALLOWANCES SO IT IS IMPERATIVE THAT WE UNDERSTAND HOW YOU PLAN TO SUPPORT YOURSELF DURING YOUR TIME OF STUDIES.

Please outline your plan to sustain yourself financially.

Responsibilities Of Sponsored Students.

The Following are expectations and guidelines of a sponsored student under the employment services program. These responsibilities must be met in order to ensure the continued support and assistance from ADFN Employment & Training Office for the duration of the program.

- | | |
|--|-----------------------|
| 1. I will attend training, program and course scheduled activities everyday, arriving on time, and staying until they are finished, I will complete all work and assignments to the best of my abilities and time. | Client Initial |
| 2. I will try to arrange my personal schedule (business, medical appointments, etc) so they are not during the time that I am expected to participate in training or classroom settings or planned activities; | Client Initial |
| 3. It is the student's responsibility to notify our office of any changes to your address, phone number, or educational status. | Client Initial |
| 4. I Understand that regular reports will be sent to employment services about my attendance and general progress, midterm and final report marks and that if any are not satisfactory, I will be contacted to discuss how to overcome these difficulties, as I understand that these reports may affect my funding. | Client Initial |
| 5. I understand that once I receive approval for sponsorship from Employment Services, that if I quit or I am terminated from the program I will be ineligible for future funding for a period of one year after the completion date of said course. | Client Initial |

The information that I have provided regarding my educational status, financial status and dependants has been accurately stated without misrepresentation.

I understand that any false information can result in immediate cancellation of my application

Client Signature:

Date:

Applicants Checklist

Completed Sponsorship Package	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Letter of Acceptance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tuition and Book Fee Costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Course Registration	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Sponsors checklist – For Office Use Only

Completed Sponsorship Package	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Letter of Consent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Authorization to Release Information	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Letter of Approval	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Letter of Sponsorship to Institution	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Funding Letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Verbal Warning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Letter of Warning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Termination Letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Connector Download	Yes <input type="checkbox"/>	No <input type="checkbox"/>