



ACFN Employment & Training Registration Form

(Please read and review the following carefully)

1. You must meet the following criteria to register with our office:
 - Be an ACFN member
 - Must be unemployed or underemployed for training requests
 - You must provide a **minimum** of 6 weeks in advance for any training requests
 - You must provide a **minimum** of 4 months in advance for educational requests or technical training
 - You must complete the educational and technical training within a 12 month timeframe
2. If you meet the above criteria, you then need to fill out a registration form and provide status verification to our office (registration form attached).
3. Once we have received your registration, correspondence from the institution (including the financial costs and breakdown), status verification and letters from other sources denying funding (if applicable) we will begin to process your registration.
4. When your registration is finalized and processed, we will contact you to inform you if you are approved or denied. Requests of a substantial amount for educational and technical training **must** be brought for final approval to the Chief and Council and by recommendation of the ISETS Coordinator.
5. Upon approval, a meeting or phone interview will be conducted with the ISETS Coordinator to discuss the details of the program and/or training and you will be provided with the applicable information to start.
6. By signing this agreement and initialing the following document you agree to complete and pass the program and/or training or *you will reimburse ACFN for the total costs incurred should you withdraw, get terminated, quit, do not pass or do not complete the program and/or training.* You will should this occur **be blacklisted** from entering into any other programs and training in the future until such time that the monies has been recovered to ACFN in full.

**We do not pay for union dues or fees unless we have included this in our training programs*

***The ISETS program does not pay for registration and deposits*

****Funding is based on fiscal allocations and all applications are considered unless there are budgetary restraints due to lack of funding*

*****All new applicants (members who have never had previous funding) will be considered first priority as ACFN E & Training Department would like to ensure fairness for all our members and equal opportunities*

ACFN
 Employment & Training Department
 Box 366
 Fort Chipewyan, AB T0P 1B0
 Phone: (780) 697-3730
 Fax: (780) 697-3500
 Email: employment@acfn.com Web: ACFN.com

**ACFN Employment and Training Services
Client Registration Form (Confidential)**

Social Insurance Number ____ / ____ / ____	Mr. ___ Mrs. ___ Ms. ___ Miss ___	Family Name _____	First Name & Initial _____	Male ___ Female ___
Mailing Address _____		City/Town _____		Postal Code _____
Telephone Number () _____	Work Number () _____	Cell Number () _____	Email Address _____	
Date of Birth ____ / ____ / ____ month day year	Treaty _____ Inuit _____ Non-Status _____ Métis _____ First Nation: _____ Treaty # _____ Language Spoken: English ___ Cree ___ Dene ___ Other: _____			
Marital Status Single _____ Married/Common-law _____ Other _____ If married or common law: Spouses Name _____			Number of Dependents _____ Ages: _____	
Employment/Financial Status Employed: _____ (Full time)____ (Part-time)____ Unemployed: _____ Student: _____ E.I.: _____ Social Assistance: _____ AISH: _____ Type of Disability: _____ Other: _____				
Grade Completed _____ Name of School _____ City/Prov. _____ Year _____ Upgrading Level _____ GED _____ Name of College/University _____ Program attended _____ Year _____ Certificate ___ Diploma ___ Degree ___ Are you indentured as a journeyman or apprentice? ___ Yes ___ No ___ Trade _____ Year _____				
Certificates/Tickets First Aid/CPR ___ WHIMIS ___ H2S Alive ___ CSTS ___ OSSA ___ Fire Fighter & level _____ Others: _____				
Drivers License: Yes ___ No ___ License Class _____ Province _____ License # _____ Do you have a vehicle? Yes ___ No ___ Do you rely on public transit? Yes ___ No ___				

Have you been funded by ACFN before: Yes No If yes what date: _____

For what? _____ and how much? _____

Did you complete the program? Yes No Did you pass the program? Yes No

EMPLOYMENT HISTORY

Complete the following section in FULL. It will help us determine appropriate level of services.

	Most Recent Employer	Second Most Recent	Third Most Recent	Fourth Most Recent
Company				
Job Title & Duties				
Start Date				
End Date				
Reason Left				

Are you seeking employment at the present time? Yes ___ No ___ If No, reason _____

What type of work are you most qualified for at present time? (1st Option) _____

(2nd Option) _____ (3rd Option) _____ Are you bondable? Yes ___ No ___

How long have you been unemployed and actively searching for work? _____

Are you willing to relocate for employment? Yes ___ No ___ Where to? _____

What is your long term career goal? _____

References:

Please provide names of two or three individuals who can comment on your occupational qualifications and performance. (Non-family related, preferably someone who has worked with you. A supervisor is ideal).

Name _____ Company _____ Title _____ Phone () _____

Name _____ Company _____ Title _____ Phone () _____

Name _____ Company _____ Title _____ Phone () _____

Please ensure that you update our office to any changes of your address, phone number, job status and employment information.

Initial

I give my consent to the ACFN Employment & Training Staff to have access or discuss with other service providers any pertinent information regarding my file. I am aware that all information will be kept confidential.

Initial

I am fully aware that by signing this agreement and initialing the following that I agree to complete and pass the program and/or training or I will reimburse ACFN for the total costs incurred should I withdraw, get terminated, quit, do not pass or do not complete the program and/or training. I understand that I will **be blacklisted** from entering into any other programs and training in the future until such time that the monies has been recovered to ACFN in full.

Initial

Any information that is misleading or misrepresented will not be eligible for service at the ACFN Employment & Training office.

Initial

Name (print): _____ / _____ / _____
First Name Initial Family Name(surname)

Date:

Signature: _____

_____/_____/_____
month day year

Please provide proof of the following:

Program and/or training requesting: _____

Start Date: _____ End Date: _____

Location: _____ Costs: _____

Please attach acceptance letters, registration, costs breakdown, tuition and fees (if applicable) with application.

Office Use Only:

Approved Yes No Reason: _____

Funding CRF EI Other Funding amount: \$ _____

Passed: Yes No Proof of completion on file: Yes No