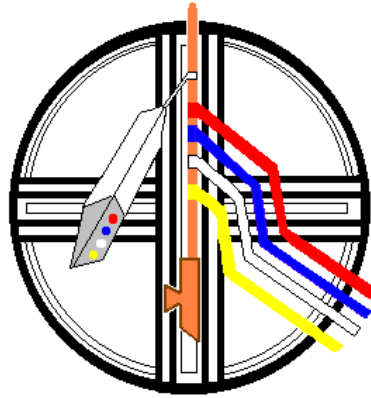


**FROG LAKE FIRST NATIONS  
HUMAN RESOURCES EMPLOYMENT & TRAINING  
CLIENT APPLICATION FORM FOR FUNDING**



**Frog Lake First Nation #121 & 122  
General Delivery  
Frog Lake, AB  
T0A 1M0**

**Business: (780) 943-2411      Fax: (780) 943-3265**

*The application process takes two weeks for final decision.  
We will not accept any applications on Friday or last minute request (less than 2 wks).*

**The following documentation is required for the application to be processed:**

- ✓ Letter of acceptance
- ✓ Tuition Costs
- ✓ Information of primary or secondary sponsor
- ✓ Course outline & length
- ✓ Transcripts/grades of previous education
- ✓ Identification to be photographed for the client and the client's dependents



## INFORMATION & HISTORY

Past Sponsorship/Funding with Frog Lake HRD	
<b>Name of Previous Program(s):</b>	<b>Year:</b>
<b>Type:</b> Education    Training    Employment Assistance    Safety Tickets    HRD Programs	
Employment Insurance Benefits	
<b>Have you ever been on EI Benefits?</b> Yes/No	
<b>If so, when?</b>	
<b>Type:</b> Maternity    Paternity    Lay-off/Release of Employment	
Social Assistance/Income Support	
Are you currently collecting Social Assistance?    Y/N	
If so, who is your case worker?	
Person with Disability	
Do you consider yourself a person with disability?    Y/N	
If so, explain what type:	
Do you receive payments from Assured Income for the Severely Handicapped (AISH)?    Y/N	
Education	
<b>High School Completed:</b> Y/N	<b>Highest Grade Completed:</b>
<b>Name of High School:</b>	<b>Location:</b>
<b>Diploma/GED:</b> Y/N	<b>Year:</b>
<b>Post Secondary:</b> Y/N	<b>Year Level:</b> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>
<b>Name of Institute:</b>	<b>Location:</b>
<b>Certificate/Degree Obtained:</b>	<b>Year:</b>
<b>Technical Training:</b>	
<b>Other Training:</b>	
Safety Training	
<b>Do you have safety tickets?</b> Y/N	
<b>If so, what type?</b>	
<b>When do they expire?</b>	
Emergency Contact	
<b>Name:</b>	<b>Phone Number:</b>
<b>Address:</b>	
Resume	
<b>Do you have a resume on file?</b> Y/N	
<b>Would you like to update your resume?</b> Y/N	
<b>If you attach a resume to the application please disregard the employment history; if not then please complete the employment boxes.</b>	

## Information & History

Most Recent Employer					
<b>Business/Company:</b>			<b>Supervisor:</b>		
<b>Duties:</b>					
<b>Address:</b>			<b>Phone:</b>		
<b>City:</b>			<b>Fax:</b>		
<b>Postal Code</b>			<b>Start/End Date:</b>		
<b>Reason for leaving:</b>					
Previous Employer					
<b>Business/Company:</b>			<b>Supervisor:</b>		
<b>Duties:</b>					
<b>Address:</b>			<b>Phone:</b>		
<b>City:</b>			<b>Fax:</b>		
<b>Postal Code</b>			<b>Start/End Date:</b>		
<b>Reason for leaving:</b>					
Occupational Field Goal (circle one)					
<b>Construction</b>		<b>Pipeline</b>		<b>Manager</b>	
<b>Health Care Field</b>		<b>Customer Service</b>		<b>Plumbing</b>	
<b>Truck Driver/Transportation</b>		<b>Oilfield</b>		<b>Hospitality</b>	
<b>Welding</b>		<b>Trades (specify)</b>			
<b>Other (specify)</b>					
Duration					
Permanent	Temporary	Full-time	Part-time	Contact	Other
Career Goals					
<b>Immediate Goal:</b>					
<b>Long Term Goal:</b>					
<b>Short Term Goal:</b>					
<b>Steps needed to achieve goal:</b>					
<b>Type of Training Needed:</b>					
<b>Desired location/Institute:</b>					

**Complete all questions relating to your Career Goal**

**1. When did you decide this is field you want to work in?**

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**2. Why do you think this occupation is suitable for you?**

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**3. What special qualities, strengths, or talents do you have that make you suitable for this type of work?**

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**4. Do you have any problems that would interfere with your ability to do this type of work or maintain employment? Explain?**

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**5. What are the job duties in this line of work?**

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**6. If/When you get hired what salary can you expect? Per annum? After 5yrs?**

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**7. How will this training achieve your goal?**

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## Acknowledgement of Terms & Conditions

In order for the Frog Lake First Nation Human Resources Employment & Training (FLFN HRD) and the Six Independent Alberta First Nations Human Resources Skills Development (6IAFN) Program to determine your eligibility for the programs and services it offers, we need to collect some personal information from yourself. However, in order to satisfy the need for statistical report required by our funding agreement, we will share this information with our sponsor, Human Resource Skills Development (HRSD).

Please be advised that we will treat your personal information from counseling and from applications confidential, and take all reasonable measures necessary for the protection of this information from being released or disclosed to unauthorized people; you have the right to access your file at anytime in our office. The disclosure of this information or others can only occur with your written consent. However, be advised that there are the following exceptions to confidentiality, which are required by law:

- When disclosure is required to prevent clear and imminent danger to client and others;
- When legal requirements demand that confidential material be revealed;
- When a child is need of protection.

In this section we ask you to prove us with your written consent to disclose personal information that you have provided to the FLFL HRD and the 6IAFN for the reason below:

- I authorize FLFN HRD and 6IAFN or it's designate to contact individuals as required verifying my education, financial information, training, work experience, treaty status, and residency.
- I consent to disclose of my personal information to FLFN HRD and 6IAFN for use in research, statistical analysis or program evaluation.
- I consent to disclose my statement of marks, attendance, progress reports of the courses and any other relevant information from the service provider/training or educational institute to the FLFN HRD and 6IAFN to determine my eligibility for the current program assistance and future sponsorship requests of the FLFN HRD and 6IAFN.
- I consent to the disclosure of my personal information to a contractor of the FLFN HRD and 6IAFN for the purpose of follow-up, referral, assessment and administering the program I have applied for.

I, \_\_\_\_\_, understand and consent to the disclosure and exchange of information between the Frog Lake First Nation, 6IAFN and Human Resources Development Program and Human Resources Skills Development Canada. I also authorize the disclosure and exchange of information between 6IAFN and any service providers or individuals that are involved in assisting me to complete my client action plan to verify that the information provided to 6IAFN is true and accurate.

I understand that this authorization is valid for one year prior of signing the consent and one year after completion of my intervention.

- I accept responsibility for satisfying the training requirements of the above institution and managing the educational assistance funds to the best of my ability.
- I fully understand, once sponsorship has been approved, if I quit, or become terminated for whatever reason, I will not receive sponsorship from Human Resources Development for a period of (2) two years.
- I understand this application is invalid unless attached with photocopies of the following: Alberta Health Care Card, Indian Status, Driver's License, Social Insurance, proof letter of residency and all previous training certificates.
- I certify the statements made on this application are correct and complete to the best of my knowledge.
- I understand false or misleading information may result in termination and loss of access of other services provided by Human Resources Development.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*sponsored individuals are encouraged to pursue employment upon completion before advancing studies. Advanced studies must be applicable to the career plan provided. If employment is obtained, the client must inform the FLFN HRD immediately, by providing a letter of employment to complete the process.\***

<b>Office Use Only</b>		
<b>Training Allowance:</b> \$	<b># of mths:</b>	<b>Total:</b>
<b>Tuition:</b>	\$	
<b>Books/Supplies:</b>	\$	
<b>Other:</b>	\$	
<b>Total Financial Commitment:</b>	\$	
<b>Client Status – Funding</b>		
<b>EI</b> (women 5yrs/men 3yrs)	<b>Reach Back</b>	<b>CRF</b>
<b>Employee Dimension</b>		
<b>Career Decision Making</b>	<b>Skills Enhancement</b>	
<b>Job Search</b>	<b>Employment Maintenance</b>	
<b>Intervention Status</b>		
<b>In progress</b>	<b>Complete</b>	<b>Incomplete</b>
<b>Failed to Report</b>	<b>Rescheduled</b>	<b>Intervention not available</b>
<b>Left for employment</b>	<b>Other</b>	

*HRD Signatures*

\_\_\_\_\_

*Case Manager*

\_\_\_\_\_

*HRD Manager*