

Training Applying For: _____

BACK TO WORK ACTION PLAN



Cariboo Chilcotin Aboriginal Training Employment Centre (CCATEC) may be able to assist you with taking training to return to work. Our involvement in your training will depend on the likelihood of this training resulting in employment.

ALL sections of the application form MUST be completed and should you require assistance, please contact an Employment Coordinator to assist you to complete the package well in advance of the training start date.

CCATEC cannot approve any training after the training start date.

Incomplete applications and failure to provide the requested information could result in your application being delayed or denied.

It takes a minimum of 4 weeks to process an application.

Name of Employment Coordinator _____

Band / Organization: _____

Contact the Employment Coordinator regarding your funding request.

PERSONAL DATA / PARTICIPANT INFORMATION

Name: _____
last *first* *initial*

SIN: _____ Date of Birth: _____
day *month* *year*

Address: _____

Postal Code: _____ Email: _____

Telephone #: _____ Message #: _____

Source of Income: Employed: Employer: _____ Job Title: _____

Employment Insurance: Federal S/A:

Prov S/A: Disability Insurance: Other:

Have you received Employment Insurance in the past 5 years? Yes _____ No _____

Check all that apply:

Male Female Other Prefer Not to Say Youth (under 29) Over 30

Disabled: Yes No Nature of disability: _____

Status: Non-status: Inuit: Métis: Non Aboriginal:

If status, name of Band/Community: _____

Band number: _____ (first 3 numbers of your status number)

Live on-reserve: Off-reserve: Language: _____

Family Status:

Single Married/Common-law Divorced Widowed Separated

Number of dependents: _____

Please list dependents' ages: _____

Do you have a valid Driver's License: No Yes Class _____

Do you have transportation: No Yes Own Vehicle Other

Do you have childcare: No Yes

Have you ever been sponsored by CCATEC in the past? Yes _____ No _____

If yes:

Course: _____ Year completed: _____

Course: _____ Year completed: _____

Education:

Highest Level Of Education Completed and the year: _____

- | | |
|--|--|
| <input type="checkbox"/> No formal education | <input type="checkbox"/> Secondary School Diploma or GED |
| <input type="checkbox"/> Up to Grade 8 | <input type="checkbox"/> Some College/University training |
| <input type="checkbox"/> Up to Grade 10 | <input type="checkbox"/> Apprenticeship / trades certificate / diploma |
| <input type="checkbox"/> Up to Grade 12 | <input type="checkbox"/> University certificate or diploma |

Other training / courses completed:

Course: _____	Year Completed: _____
Course: _____	Year Completed: _____
Course: _____	Year Completed: _____

List any degrees / certificates you have:

WORK HISTORY / EXPERIENCE

Fill out or attach your résumé

1) Present / last employer: _____

Start: Month _____ Year _____ **End:** Month _____ Year _____

Job title: _____ Salary \$ _____ per _____

Duties: _____

Reason for leaving: Laid off End of contract Quit Fired Medical Moved

Returned to school Other (explain): _____

.....

2) Present / last employer: _____

Start: Month _____ Year _____ **End:** Month _____ Year _____

Job title: _____ Salary \$ _____ per _____

Duties: _____

Reason for leaving: Laid off End of contract Quit Fired Medical Moved

Returned to school Other (explain): _____

TRAINING/PROGRAM INFORMATION & EMPLOYMENT ACTION PLAN

Please answer all of the following questions:

If you have an acceptance letter from the training institute please attach copy

1) What training are you interested in taking?

2) What is the name of the training school / agency and their location?

3) What is the cost of the program?

Tuition: \$ _____ Books: \$ _____ Other: \$ _____

Other: (please explain) _____

4) What is the length of the course/program?

Start Date: _____ End Date: _____

5) How many hours of class per week? _____

6) Have you applied to your Band or another agency for funding? Yes _____ No _____

7) If yes, who have you applied to and what was the outcome? (please list)

Band/organization: _____ Outcome _____

Band/organization: _____ Outcome _____

8) What is preventing you from finding work:

Little to no work experience

Education

No transportation

No Daycare

Live in remote Community

No Driver's License

Language

Other: _____

9) What skills do you have right now?

10) What is your long-term employment goal?

11) Explain how this training will assist you in the future.

12) Please explain why you have selected this occupation?

OCCUPATIONAL & PERSONAL RESEARCH

When making a career decision, it is necessary to consider all factors of the chosen career against your personal needs, likes, and dislikes. The purpose of this research is to assist you in making an informed career decision. The investment of your time and effort is worthwhile, considering the amount of time and money you may be investing to achieve this goal.

Interview 2 employers in the field you are applying for:

Occupation you are interested in: _____

Employer Interview # 1

1) *Name of Company:* _____

Person interviewed: _____ Title: _____

a) Are there jobs available for this type of occupation?

Yes _____ No _____

b) What type of training is needed for this occupation?

c) What is the starting wage for this occupation? \$_____ per hour

Employer Interview # 2

2) *Name of Company:* _____

Person interviewed: _____ Title: _____

a) Are there jobs available for this type of occupation?

Yes _____ No _____

b) What type of training is needed for this occupation?

c) What is the starting wage for this occupation? \$_____ per hour

INFORMATION FROM OTHER TRAINING INSTITUTES

Provide two separate quotes from other training institutes/agencies providing this training
Please list in the order of preference

1) Name of Training Institute: _____
Address: _____
Postal Code: _____ Telephone: _____
Contact person: _____ Position: _____
Start Date: _____ End Date: _____
Course Costs: Tuition: \$ _____ Books: \$ _____ Other: \$ _____
Other Costs: (please explain) _____

2) Name of Training Institute: _____
Address: _____
Postal Code: _____ Telephone: _____
Contact person: _____ Position: _____
Start Date: _____ End Date: _____
Course Costs: Tuition: \$ _____ Books: \$ _____ Other: \$ _____
Other Costs: (please explain) _____

I commit to this Action Plan on the basis that it is realistic and likely to result in my obtaining long-term employment. I understand that I am responsible for making it work and that I am investing in myself and my future. I acknowledge that I have been informed that my entitlement to further funding/sponsorship could be affected if I commit to a "Back to Work Action Plan" and I do not follow through with it.

A T4A may/or will be issued in the amount of the contract for tax purposes if applicable.

I will advise CCATEC of any changes in the above written information. Changes to entitlement of allowances and/or employment may be shared with the authorities providing and/or sponsoring my training or providing financial assistance.

I state that the information given above is true, correct, and complete to the best of my knowledge.

Client name (please print) _____
Client signature _____
Date

Employment Coordinator Name _____
Employment Coordinator signature _____
Date

CCATEC (print) _____
CCATEC Signature _____
Date

PERSONAL RELEASE AND CONSENT FORM



CONSENT FOR USE AND DISCLOSURE BY CCATEC

I, _____ (participant's name), agree to be interviewed, photographed and/or videotaped by CCATEC, or its contracted sponsors. I hereby authorize the release and/or exchange of all pertinent information regarding funding including Employment Insurance and Income Assistance, sponsorship, address, attendance, progress/grades, admission, transcripts, and any other information that may pertain to my eligibility for programs or services to the Cariboo Chilcotin Aboriginal Training Employment Centre or CCATEC service providers/agencies.

I also consent to the use and disclosure of elements of my personal information, contained in the said stories, photographs and/or videotapes, solely for the purpose of illustrating how participants benefit from the Provincial Government, Federal Government and CCATEC's programs and initiatives.

I understand that my participation in the said Training is voluntary and there will be no fee paid to me by CCATEC for the rights to use this material. The refusal to participate will in no way negatively impact any future dealings I may have with CCATEC.

I am aware that any photos taken may be used for and not limited for reporting purposes, promotional materials, programs, newsletters, electronic and printed materials, and news articles of the Cariboo Chilcotin Aboriginal Training Employment Centre or CCATEC service providers/agencies.

CONSENT FOR ADDITIONAL USE AND DISCLOSURE

- I also agree that CCATEC may share my information with CCATEC's service providers/agencies
- I also agree that CCATEC may share my information with media outlets for use in their local, regional and/or national news broadcasts.

I agree with the above

Signature: Date:

Print Name:

PROTECTION OF INFORMATION

The information you provide is administered in accordance with the *Privacy Act* and other applicable legislation governing the protection of personal information under the control of CCATEC. Under the provisions of the *Privacy Act*, individuals have the right to protection of, and access to, their personal information and are entitled to request corrections.

**CARIBOO CHILCOTIN ABORIGINAL TRAINING
EMPLOYMENT CENTRE**



CONFIRMATION OF LIVING SUPPORTS

Sponsoring Band/Organization: _____

Name of Program: _____

Start Date: _____

End Date: _____

Trainee Name	Cost of Education Support	Cost of SA Support	Other supports i.e. accommodations, meals, travel, childcare, etc.
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

I hereby agree to support the above participant(s) to attend training with the Cariboo Chilcotin Aboriginal Training Employment Centre.

I understand that CCATEC will cover the cost of tuition and books only.

Signature

Position/Title

Date

Letter of Support



_____ may be considered for funding by
(client name)

CCATEC, pending confirmation of living supports, to participate in the following:

Name of program: _____

Start and end date: _____

CCATEC Contact: _____ Date: _____

Please confirm below if Provincial Income Assistance will be maintained while participating in the above program and fax back to CCATEC @ 250-392-2570.

Yes: _____ (Assistance will be maintained, so long as the individual meets eligibility criteria).

No: _____

_____ Date: _____
(signature of EA Worker)

(print name of EA Worker)

NOT VALID AFTER 30 DAYS