

**CARIBOO CHILCOTIN ABORIGINAL TRAINING EMPLOYMENT CENTRE**

**ACTION PLAN SUMMARY**  
*To be completed by Employment Coordinator*



**Client Name:** \_\_\_\_\_

**History:**  
\_\_\_\_\_  
\_\_\_\_\_

**Client Barriers:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interventions/Activities:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Funding Recommendations:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rationale:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submitted by:**  
\_\_\_\_\_  
Employment Coordinator

\_\_\_\_\_  
Date

***The Action Plan Summary (client assessment) must be fully completed and attached***

Name: \_\_\_\_\_

File #: \_\_\_\_\_

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.

Complete all sections and contact the Employment Coordinator with your completed 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.*

Canada

## 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?**

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**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?**

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**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?**

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**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*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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, 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: \_\_\_\_\_

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

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**