



# MUSHKEGOWUK COUNCIL EMPLOYMENT & TRAINING SERVICES

P.O. Box 370, Moose Factory, Ontario P0L 1W0 Tel (705) 658-4222 Fax (705) 658-4250 Toll Free 1-800-265-6807

## APPLICATION FOR: FIRST NATIONS' INDIVIDUAL INITIATIVES

- Purchase of Training                     
  Pre-Employment Support                     
  Mobility Assistance

Please ensure the following forms are completed:

- Participant Information Form                     
  E.I. Verification                     
  Client Consent Form
- Resume (attached)

Name of Applicant:	SIN #:
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Has client requested training from any other agencies? If so, explain outcome (attach letters)

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**SECTION A - PURCHASE OF TRAINING**  
 (Please complete this section if you are applying for financial assistance to participate in a course)

<b>Duration of Activity</b>	From / /	To / /		
<b>Attendance</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<b># of hours per week:</b>	<b># of weeks:</b>
<b>Course Title</b>				
<b>Level of Education required to enroll in Training</b>				
<b>Location of Activity</b>				
<b>Is there a work placement as part of the training program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Institution Completing Training (attach training plan and costs with 2 quotes)</b>				
<b>Institutional Acceptance</b>		<input type="checkbox"/> Conditional	If so, on what?	
		<input type="checkbox"/> Final		

**FINANCIAL REQUIREMENTS**

**Course Costs and Materials**

✓ Course Costs/Tuition			
✓ Books & Supplies			
✓ Other Materials Required			
<b>Total Course Costs and Materials</b>	<b>Sub-total</b>		<b>\$</b> _____

**Income Support Requirements**

✓ Allowance @ \$200.00 weekly			
✓ Dependant Care/Day Care (if applicable)			
(Spouse income-weekly: _____)			
✓ Travel - Commuting			
✓ Other			
	<b>Sub-total</b>		<b>\$</b> _____

Continue if Course is away form home:  
 (Maximum allowed of \$100.00 per week for the total living away from home expenses)

✓ Accommodation			
✓ Travel away from Home			
✓ Other Costs			
<b>Are these costs</b>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<b>Sub-total</b> \$ _____
			<b>Total Request</b> \$ _____

Once you have completed Section A, please skip to Section D – Thank You!!

**SECTION B – MOBILITY**  
 (Please complete if you are applying for Mobility Assistance)



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Reason for request \_\_\_\_\_

Letter of confirmation of employment from employer attached  Yes  No

Quotes of Travel Cost	Air	_____
	Public	_____
	Private	_____
	Other	_____

Have you approached other sources of funding? (If yes, attach letters of refusal)  Yes  No

Once you have completed Section B, please skip to Section D – Thank You!!

## SECTION C – PRE-EMPLOYMENT SUPPORT (Please complete if you are applying for Pre-employment support)

Reason for request \_\_\_\_\_

Letter of confirmation of employment from employer attached  Yes  No

Pre-employment Support Quotes (2 quotes required)

\_\_\_\_\_

\_\_\_\_\_

Have you approached other sources to cover the costs? (If yes, attach letters of rejection)  Yes  No

Once you have completed Section C, please skip to Section D – Thank You !!

## SECTION D - EXPECTATIONS

In summary, state what your expectations and goals are, (should your application be accepted) once the intervention is completed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION E - SIGNATURE

I certify that the above information is accurate and true to the best of my knowledge. If funding is approved, I will adhere to MCETS program policy guidelines. Failure to do so or knowingly providing false information will result in funding (if approved) being revoked.

Client Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_