



N'Quatqua Band

PO Box 88, 120 Casper Charlie Place D'Arcy, BC, V0N 1L0
P: 604-452-3291 / 3221 F: 604-452-3295

ARMS Client # _____
Year: _____

Please make your appointment with an Employment Coordinator well before the start date of your program as the application may take 4-6 weeks to complete from initial interview to approval. Once all required and supporting documentation is received, then it will take up to 5 days for review and approval or denial. If you have any questions about this checklist, please contact your Employment Coordinator.

PROGRAM FUNDING PPLICATION CHECKLIST

The following documentation is required to process a funding application:

- ___ Completed, Signed and Dated **Application Form Sections A - E**,
- ___ **Applicant's Declaration & Authorization** form.
- ___ **Valid Identification.**
- ___ **Current Resume.**
- ___ **Letter of acceptance into the program,**
- **Direct Deposit form**

For Employment Coordinator only –

- | | |
|---|-----------------------|
| ___ Copy of printable Action Plan form from ARMS | ___ Sect 25 |
| ___ Clients Employment Action Plan | ___ Skills Assessment |
| ___ Funding Code Letter | ___ ERS |

**N'Quatqua Band**PO Box 88, 120 Casper Charlie Place D'Arcy, BC, V0N 1L0
P: 604-452-3291 / 3221 F: 604-452-3295**FUNDING APPLICATION****Personal Information Form (PIF)****ARMS Client #** _____

Please complete all sections thoroughly. Complete and accurate information is required to determine your eligibility.

Section A				PERSONAL IDENTIFICATION	
Last Name:		First Name:		Middle Initial:	
Alias:		Nick Name:			
S.I.N. : / /		Birth Date: DD/ MM/ YYYY/		Gender: Female: ☐ Male: ☐	
Mailing Address:		City:	Prov:	Postal Code:	
Telephone#:	Message #:	Email:			
Aboriginal status: Registered Indian ☐		Non-Status ☐		Inuit ☐ Metis ☐	
Band Name:		Band Registry Number:			
Marital Status: Married / Equivalent ☐ Single ☐ Separated ☐ Divorced ☐ Widowed ☐			# of dependents living with you: _____		Age of Dependents: _____
Do you require child care? Yes ☐ No ☐		If yes, what is your current source of child care?			
Do you identify as having a physical or mental disability that affects your ability to perform daily tasks? Yes ☐ No ☐ If yes, how does your disability restrict your performance of daily tasks? Please Explain:					
Are you a Canadian citizen? Yes ☐ No ☐		Language Spoken? English ☐ French ☐ Other: _____		Do you have a Driver's License? Yes ☐ Class: _____ No ☐	
What is preventing you from finding work?					
Have you applied for or are you currently in receipt of Employment Insurance? Yes ☐ No ☐					
Have you had an Employment Insurance Claim within the past five years? Yes ☐ No ☐					
Have you had a Parental or Maternity leave claim in the past five years? Yes ☐ No ☐					
What is your current source of income?					
Social Assistance ☐ Student Loans ☐ Pension ☐ Part-time Work ☐ Full-time Work ☐ Other ☐					
If other, please explain:					
Are you registered with a Work BC Employment Service Centre or off reserve Employment and Training agency? Yes ☐ No ☐					
If yes, which office? _____					

**N'Quatqua Band**PO Box 88,120 Casper Charlie Place D'Arcy, BC, V0N 1L0
P: 604-452-3291 /3221 F: 604-452-3295**Section B****EDUCATION AND TRAINING**

Highest Grade completed: _____ Year Completed: _____ Province/Country: _____

Please list all degrees, trade levels, licenses, diplomas, certificates or work tickets obtained:

List all adult basic education, post-secondary training and or courses that you have attended

Institute/Organization	Location	Year	Course	Certificate, Diploma, Degree, Tickets	Completed?

List any N'QUATQUA funded programs you have previously participated in and the outcome or results for you.

Year	Program	Completed?	Outcome/Result

Are you currently attending school full time?

Yes ☐No ☐

If yes, how many hours of school per week are you attending? _____ / week.

Do you intend to return to school in the upcoming academic year/semester?

Yes ☐No ☐

Have you left school to permanently join the workforce?

Yes ☐No ☐

Please Explain: _____

Section C**EMPLOYMENT HISTORY**

Are you currently employed?

Yes ☐No ☐

List your last three jobs starting with the most recent.

Job Title	FT/PT	Company Name	Start Date dd / mm / yyyy	End Date dd / mm / yyyy	Salary	Reason for Leaving

Describe what you have done to find work:

All information provided to us will be considered as supplied in confidence. Under certain circumstances some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact N'QUATQUA at 604-452-3221/3291, PO Box 88, D'Arcy, BC, V0N 1L0

Applicant's signature

Date:

DAY

MONTH

YEAR

OFFICE USE ONLYACTIVE EI CLAIM ☐REACH BACK ☐CRF ☐

Comments: _____



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CAREER GOALS & CHALLENGES

ARMS Client # _____

Section D

CAREER GOALS & CHALLENGES

What are your challenges that you are facing in obtaining employment, utilizing your existing skills and work experience?

What, if any, actions have you taken to overcome employment challenges?

What is your occupational/Career goal?

Do you have any background/ experience in this field? YES ____ NO ____

If Yes, Please Explain _____

Explain how your previous work experiences relate to your proposed training? _____

Why do you feel that this training is the best option to achieve your goal?

Additional comments and information that you would like to include for the N'QUATQUA to consider in your application.

Statement from the Employment Coordinator:

I, _____ (Employment Coordinator name), working for N'QUATQUA have completed the assessment of this client's employment situation and **agree** or **disagree** that the training applied for is the most appropriate to assist the client in obtaining employment for the following reason: _____

Signature: _____

Date: _____



How can N'QUATQUA help / support you?

Please check all that apply to you;

- ☐ I need to use Internet, telephone, photocopying, and/or faxing.
- ☐ I need help with learning ZOOM, Ipads, laptops, or other electronics.
- ☐ I need help writing my RESUME and COVER LETTER.
- ☐ I need help preparing for job interviews.
- ☐ I need help with career planning.
- ☐ I need help determining my interests and skills.
- ☐ I need to upgrade my academic skills.
- ☐ I need financial assistance to attend training.
- ☐ I need help applying for student loan/bursary/scholarship.
- ☐ I need help starting my own business.
- ☐ I need financial counseling.
- ☐ I need stress counseling.
- ☐ I need drug/alcohol abuse counseling.
- ☐ I need assistance finding Childcare.
- ☐ I need help contacting my Band/Metis Nation
- ☐ I do not know/no idea

Notes:



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Applicant's Declaration & Authorization

ARMS Client # _____

I, _____, declare that the foregoing information provided to N'QUATQUA is, to my knowledge, true, complete and that it is subject to verification by N'QUATQUA and its representatives. I authorize N'Quatqua to release application information with involved organizations, training institutions, and government agencies. I acknowledge that in the event that I do not comply with any of the following requirements that I may be denied further funding by N'Quatqua.

Read & Initial each statement

- If I quit or am removed from program without an acceptable reason to **N'QUATQUA**. I may not be eligible to participate in further N'QUATQUA funded training until all monies owed have been repaid, and a six-month waiting period and review process have been completed; These costs may be recovered should the situation arise. Initial: _____
- All original training related documents, receipts for reimbursement, marks, and other documentation as needed, including records of attendance, must be provided to N'QUATQUA; when requested Initial: _____
- I agree to provide N'QUATQUA with a personal written evaluation of my training upon completion Initial: _____
- I agree to immediately report any changes of residence, telephone or other contact information to N'QUATQUA. Initial: _____
- I agree not to hold N'QUATQUA, its employees, volunteers, consultants, agents harm from and against all claims, losses, damages, cost and expenses related to any injury or death of a person or a loss or damage to property caused in relation to this training initiative. Initial: _____
- I am responsible for all training expenses acquired in excess of the agreed upon amount and for any amounts paid in error. In all cases N'QUATQUA will not be held responsible for any expenses not agreed to, prior to the expenses being incurred. Initial: _____
- I understand N'QUATQUA may cancel or reduce my financial assistance in the event Service Canada cancels, reduces or terminates its funding to N'QUATQUA. Initial: _____
- I understand that I am subject to legal action in the event that I make false statements or neglect to provide N'QUATQUA with any information that materially affects my entitlement to training subsidy or my ability to benefit from my employment insurance; Initial: _____
- I affirm that all necessary liability and life insurance will be maintained by me for the duration of the period of my training if and when required. Initial: _____
- I am aware that I have 20 business days to start the appeal process, should my request for training funds be denied and that the decision of the appeal committee is final and binding. Initial: _____

This authorization remains in effect for the duration of my request for funding.

Applicant's signature _____ **Date :** _____

OFFICE USE ONLY

Employment **Coordinator** (print) _____ Date: _____

Employment **Coordinator** signature: _____



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Action Plan

Date: _____ Closing Date: _____

Employable Dimension(s):

___ Employability / Job Readiness ___ Career Decision Making
___ Skill Enhancement ___ Job Search
___ Employment Maintenance

Goal Status: Goal Set: ___ Yes ___ No

Goal Description (What I want to achieve: _____

<u>Task</u>	<u>Success Indicators</u>	<u>Timeframe</u>	<u>Finished</u>
(what I need and want to do)	(How will I know I am making progress)	(When I want it completed) DD/MM/YYYY	
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____

Resources (what or who can help me)

Contact Information

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____