



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.

WORK GEAR APPLICATION 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 from Employer,"** on letterhead, dated within the first 2 weeks of hire, stating that you have been hired full-time, and stating what work gear is need.

For Employment Coordinator only –

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



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? _____					

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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 ONLY

ACTIVE EI CLAIM ____

REACH BACK ____

CRF ____

Comments: _____



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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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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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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: _____

Task	Success Indicators	Timeframe	Finished
(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

- _____
- _____
- _____
- _____
- _____