



APPLICATION CHECKLIST

COURSE
PURCHASE-
SHORT TERM
(UP TO 2
WEEKS)

- Participant Information Form (PIF)
- Labour Market Research Package
- Coverletter- letter requesting support from NEST (outline plans upon completion of the funded training)
- Resume
- Course Outline
- Letter of Acceptance
- Nisga'a Citizenship card (scanned and emailed)

COURSE
PURCHASE-
LONG TERM
(OVER 2
WEEKS)

- Participant Information Form (PIF)
- Labour Market Research Package
- Coverletter-letter requesting support from NEST (outline plans upon completion of the funded training)
- Resume
- Course Outline
- Letter of Acceptance from training institute
- Nisga'a Citizenship card (scanned and emailed)
- Written letter of living allowance
- Written confirmation of cost share (if applicable)
- TOWES (Test of Workplace Essential Skills) may be requested prior to approval

Work/safety
Gear

- Participant Information Form (PIF)
- Coverletter
- Resume
- Nisga'a Citizenship card (scanned and emailed)
- Letter from employer and/or training institute stating need
- 3 price quotes
- ***Please note, one-time job start funding only***

Targeted Wage
Subsidy

- Participant Information Form (PIF)
- Coverletter
- Resume
- Nisga'a Citizenship card (scanned and emailed)
- Confirmation of Employer Wage Contribution
- Company profile, client job description, training plan
- Employer documentation- WCB #, Revenue Canada #

Note: Once the completed application is received, the Employment Advisor will contact client to set up an interview.

BARRIERS TO EMPLOYMENT ASSESSMENT
Nisga'a Employment, Skills and Training
DRAFT

Date: _____

Name: _____ SIN # _____

Address: _____

Date of Birth: _____

BARRIERS

Please circle one

Personal & Financial

- | | | |
|--|-----|----|
| I have reliable transportation to/from work or job search. | YES | NO |
| I have a current driver's license. | YES | NO |
| I have current insurance for my vehicle. | YES | NO |
| I have reliable transportation in order to participate in a job search program. | YES | NO |
| I have childcare for employment and/or job search. | YES | NO |
| If not: I can obtain childcare. | YES | NO |
| I have enough income to live on & pay rent/utilities, etc. | YES | NO |
| My current living situation is secure. | YES | NO |
| If not: I have an eviction/foreclosure DATE: _____ | | |
| I am in a shelter or a doubled up situation. | YES | NO |
| I have access to healthcare coverage for myself and/or my family. | YES | NO |
| My credit history is good. | YES | NO |
| I have been on public assistance for a long time. | YES | NO |

Legal

- | | | |
|---|-----|----|
| I am an ex-offender with one or more felony convictions. | YES | NO |
| I have one or more misdemeanor convictions. | YES | NO |
| I am currently on parole or probation. | YES | NO |
| I am currently involved with bankruptcy court or have been in the past. | YES | NO |
| I have an honorable or general discharge from the military. | YES | NO |
| I have a child support order. | YES | NO |
| If there is an order, I am having a difficult time making the payments: | YES | NO |
| I am concerned about employment discrimination based on gender, race, religion, age, sexual orientation, national origin, etc. | YES | NO |
| I am a Can citizen. | YES | NO |
| If not a citizen: I am a legal permanent resident. | YES | NO |
| My immigration status and/or work authorization is a concern to me. | YES | NO |

Emotional & Physical

- | | | |
|---|-----|----|
| I have physical health issues that may limit or prevent employment. | YES | NO |
| I am concerned about my physical fitness, weight and/or my appearance. | YES | NO |
| I have mental health issues that may limit or prevent employment. | YES | NO |
| I have immediate family members who have serious health issues. | YES | NO |
| I have depression, low self-esteem, lack of energy or motivation. | YES | NO |

I have a history of drug and/or alcohol abuse YES NO
 Domestic violence is present in my household YES NO
 I have learning challenges. Please circle: ADD, ADHD, Dyslexia, Aspergers, other. YES NO
 I have applied for Social Security benefits YES NO

Training & Work Experience

I have a high school diploma or a GED. YES NO
 I have a college degree or other advanced education. YES NO
 I have a certification and/or I am licensed. (if yes request copies). YES NO
 I have basic reading and/or math skills. YES NO
 I have some beneficial work experience. YES NO
 I feel I have marketable job skills. YES NO
 I am proficient in the English language. YES NO
 If not, I have trouble with: Reading Writing Speaking
 English is commonly spoken in my household. YES NO
 If fluent in a language other than English, please name the language _____
 I have been fired from a job YES NO
 I have been laid off from my job in the last 12 months. YES NO
 I have applied for unemployment compensation. YES NO
 I am eligible for unemployment compensation benefits. YES NO

Job Seeking Knowledge & Preparedness

I have knowledge about careers that are available & currently in demand. YES NO
 I have completed a career assessment within the last 12 months. YES NO
 I need help listing my personal strengths & weaknesses and discussing my career goals. YES NO
 I have completed aptitude & abilities assessments within the last 12 months. YES NO
 I do know how to find and apply for a decent job. YES NO
 I have a current resume that I can use to get a job. YES NO
 I have the necessary computer skills to find and apply for jobs on the internet. YES NO
 I am comfortable completing job applications on line *with* attachments. YES NO
 I could use some help with my interviewing skills YES NO
 I have good personal and/or professional references to include on an application. . . YES NO

Comments

Please use this space to include any additional comments you feel may be helpful. Please indicate any other barriers that were not mentioned in this assessment. Thank you for your input.

Nisga'a Lisims Government Employment Skills & Training
Participant Information Form
Form #2020-001

File #:	Employment Advisor:
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Funded Service					
Tuition/ Course Purchase <input type="checkbox"/>	Work Supplies <input type="checkbox"/>	Mobility <input type="checkbox"/>	Wage Subsidy <input type="checkbox"/>	Trades <input type="checkbox"/>	Supplementary <input type="checkbox"/>

Name of Program / Course:

Name of Training Institution:

Certificate / Diploma / Degree Obtained:

Start Date:	End Date:
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BUDGET			OFFICE USE ONLY			
Course Costs	Request	Approved	EI ACTIVE	REACHBACK (RB)	CRF	YOUTH <input type="checkbox"/> RB <input type="checkbox"/>
TOTAL COSTS						

Date Received:

EI authorization required:

EI Benefit Period:

Verified By:

Date:

OFFICE USE ONLY – RECOMMENDATION					
Referral <input type="checkbox"/>	Approved <input type="checkbox"/>	Cost Share <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Withdrawn <input type="checkbox"/>	Conditional Approval <input type="checkbox"/> _____

CLIENT DECLARATION: I am aware legal action may be taken against me for making false statements or failing to inform NEST of changes to the information affecting my entitlement to allowances and/or Employment Insurance benefits. I am aware that I may be disqualified from receiving benefits should I voluntarily exit the course, or not attend on a regular basis. If and when the option to appeal is being exercised, the written appeal is to be forwarded to NEST Manager (Attention: Appeal Committee). Decisions made by the Appeal Committee are final and binding. I hereby declare that I acknowledge the terms and conditions set out in this contract and agree that in the event that I choose not to adhere to one or more of the following, I may be exempted from future funding:

1. I am responsible to reimburse NEST for training costs/allowances, on a per diem basis, should I voluntarily or involuntarily exit the course, or not attend on a regular basis.
2. I will provide receipts to NEST for pre-approved program related purchases.
3. I am responsible for any costs incurred in excess of the agreed upon amount.
4. I am responsible to provide NEST with a written evaluation of the program upon completion.
5. I will save NEST harmless from and against all claims, losses, damages, costs and expenses related to any injury or death of a person, or loss or damage to property caused or alleged to be caused by this initiative and that all necessary liability and life insurance shall be maintained by me for the duration of this activity.
6. I am responsible to provide interim/final reports as requested by NEST.
7. I authorize NEST to access my records if I fail to provide the interim/final reports as required.
8. I agree that information, related to this initiative may be shared amongst participating Provincial Ministries, Federal Departments, NEST, and Public/Private Training Institutions, organizations identified as being a partner to the training initiative/application of the client.
9. I agree to allow NEST to use my likeness or image in the development and distribution of any NEST promotional materials.
10. I will report to NEST, as soon as possible, if there are changes to this information.

CLIENT SIGNATURE: I certify that the information is true, correct and complete in every respect and I understand it may be subject to verification by NEST or its representatives.	E.A's Initial	Date
AUTHORIZED SIGNATURE: Action Plan is authorized. Terms and Conditions and any other requirements, where applicable, have been met.		Date

Client Consent Form

I, _____ (SIN: _____) understand that the personal information collected and held by 5428000 ASETS - NEST will solely be used to help me access employment services and benefits designed to help me prepare for, get, and keep employment.

I hereby grant permission for any and all personal information held by 5428000 ASETS - NEST to be disclosed, when required, on an as needed basis, to representatives of:

- Human Resources Development Canada and its successor departments and agencies,
- The provincial Department of Human Resources and Employment and its successor departments and agencies, and
- Organizations under contract to either of these departments to provide employment related benefits and services.
- Nisga'a Village Government education departments.

Client Signature: _____

Date: _____

Witness Signature: _____

Date: _____