



Congress of Aboriginal Peoples  
Aboriginal Skills and Employment Training Strategy

**Client Application**

Collection of Personal Information - The information collected in this application is required to determine the applicant's eligibility for assistance under the ASETS program and will be provided to Canada for the purposes of determining EI eligibility, uploading of data to Canada's data system, and evaluation and assessment of the ASETS funding program. Information collected will not be disclosed to any person or body for a purpose other than that for which it was provided.

Applicant Information					
Family Name			Given Name(s)		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			Date of Birth (month/day/year)		
Address (Street number, street name, apartment number)				Telephone/Email	
City		Province	Postal Code	Home: (    )	Cell: (    )
				Email: _____	
Social Insurance No.		Languages Spoken	<input type="checkbox"/> English <input type="checkbox"/> French	Marital Status	No. of dependants
Aboriginal group <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Status Indian (First Nations) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit					
Name of Band or Reserve _____					
Do you reside off-reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Highest education level attained					
<input type="checkbox"/> Some high School		<input type="checkbox"/> Some college or university		Highest grade or year completed _____	
<input type="checkbox"/> High school graduate		<input type="checkbox"/> College or university degree		Year _____ Province _____	
Please indicate any disability or special needs _____ _____					
Please list any other supports that may be required for training (i.e. Daycare, transportation, housing, health, life skills, mental health, addictions, learning disabilities, inter-generational issues or other) _____					
Have you previously received employment training funding? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you currently receiving income? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check all boxes below that apply)					
<input type="checkbox"/> Social Assistance		<input type="checkbox"/> Funding for training (i.e. tuition)			
<input type="checkbox"/> Employment Insurance (EI)		<input type="checkbox"/> Employment income		<input type="checkbox"/> Other income (specify) _____	

**Intervention Type** - Indicate the intervention type or funding you are applying for

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Highschool Upgrading/GED                                      | <input type="checkbox"/> Job placement or wage subsidy | <input type="checkbox"/> Summer student  |
| <input type="checkbox"/> Skills Training (i.e. college degree, diploma or certificate) | <input type="checkbox"/> Apprenticeship                | <input type="checkbox"/> Self-Employment |

**Intervention Information**

Training institution, company or organization:

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

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person (for sponsorship/finances or payroll)

Name \_\_\_\_\_

Phone: (    )

Fax: (    )

Email: \_\_\_\_\_

Name of diploma/certificate program or job title:

\_\_\_\_\_

Program start date (month/day/year) \_\_\_\_\_

Program end date (month/day/year) \_\_\_\_\_

**Documentation**

Please provide the following documentation, if applicable (items marked with an \* not required for summer students)

- Proof of Aboriginal ancestry (i.e. photocopy of Indian status card). If proof is not available, contact the CAP ASETS
- Resume with three references
- Letter of acceptance to training institution, or job offer/letter of intent to employ
- Essay on your current career situation, career goals and/or reason for taking skills training (maximum - one page)
- Printout or letter of training institutions costs for tuition, books, fees and equipment/supplies\*
- You must apply for funding from your band or other funding agency. If not approved, a letter stating this must be provided\*

**Declaration**

Providing false or misleading information will be cause for termination of participation in the Congress of Aboriginal Peoples Aboriginal Skills and Employment Training (ASETS) program and the recouping of any funds provided. I solemnly declare that all the documents and statements made in this application are true.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Please send completed application to:**

Email: [g.touchette@abo-peoples.org](mailto:g.touchette@abo-peoples.org)

Fax: (613) 747-1124

Mail: Attn: ASETS

Congress of Aboriginal Peoples  
867 St. Laurent Blvd.  
Ottawa, ON K1K-3B1

## Consent to Release Information

### Collection and Use of Information

The information collected in the *CAP ASETS Client Application* will be used to determine the applicants eligibility for assistance under the ASETS program, and will be provided to Canada to:

- Determine applicants eligibility for Employment Insurance benefits
- Assessing and evaluating the Congress' activities
- Assessing and evaluating the ASETS
- Contacting individuals to verify the information shown in the records

Personal information collected in the *Client Application* shall be provided to Canada through quarterly uploads of data files to Canada's data system using a secure systems link maintained by Canada know as the "Data Gateway" and web application know as "LMDA" Access", or to a local Service Canada office.

The information provided to Canada is protected under Canada's *Privacy Act* and the applicant has a right under the *Privacy Act* to obtain access to that information from Canada.

### Limitation on Use of Personal Information

Canada and the Congress shall not, in respect of any personal information they obtain from each other regarding the applicant, use the information for a purpose other than that for which it was provided, or disclose the information to any person or body for a purpose other than that for which it was provided, except with the consent of the individual to whom that information relates, or as required by law.

### Protection of Personal Information

Canada and the Congress will take all reasonable measures to ensure the security, confidentiality and integrity of information exchanged and to safeguard the information against accidental or unauthorized access, disclosure, use, modification and deletion.

The Congress will ensure that no information received is disclosed to a third party for a purpose authorized herein, unless there is a written agreement between the Recipient and the third party, imposing upon the third party obligations that are similar in scope to those that are imposed upon the Recipient under this agreement, with respect to the protection of this information.

### Consent

I, \_\_\_\_\_ (print name) consent to the collection, use and provision of information to Canada for the purposes outlined in the Collection and Use of Information above.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_