



Congress of Aboriginal Peoples Indigenous Skills and Employment Training program

Are you Eligible?

The Congress of Aboriginal Peoples skills training program focuses on Indigenous individuals who are trying to enter the labour market and cannot access funding from other any other source or Indigenous organization. This funding priority includes non-Status Indians, Eastern Métis, and Southern Inuit.

If you are status/treaty First Nations, member of a Métis Nation, or an Inuit beneficiary, CAP will refer you back to your Band or organization for funding.

The following are to be considered low priority skills training interventions and will be put on a wait list if funding becomes available.

- Individuals who have previously completed a skills training program
- Individuals who have previously completed a university degree program
- Individuals who have significant work experience
- Those who are eligible to apply to band, tribal council or Métis Nation for skills training funding (including those who missed an application deadline, who are on a wait-list, or cannot be funded due to First Nations policy priorities)

In addition, the following are ineligible for funding through the CAP ISET program.

- University Ph. D programs
- University Masters degree programs
- Status First Nations living on-reserve
- Individuals who have recently completed a skills training program funded by CAP
- Employed individuals wishing to upskill (unless they are facing a loss of employment)

If you are unsure as to your eligibility, contact the Congress of Aboriginal Peoples at 613 747-6022, and ask for the ISET department.



Indigenous Skills and Employment Training (ISET) Program

Client Application

Collection of Personal Information - The information collected in this application is required to determine the applicant's eligibility for assistance under the Indigenous Skills and Employment Training (ISET) Program and will be provided to Canada for the purposes of determining eligibility, uploading of data to Canada's data system, and evaluation and assessment of the ISET 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)				
Address (street number, street name, unit number)		Province	Date of birth (dd/mm/yyyy)			
City		Postal code	Social Insurance Number			
Telephone Home: Cell: Email:	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary / 2 Spirit	Marital Status			
			Number of dependents			
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 live on reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No		Highest education level attained <table border="1"> <tr> <td> Highschool Grade <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Graduated </td> <td> College OR University Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master's </td> <td> Province of highest level achieved Date (dd/mm/yyyy) </td> </tr> </table>		Highschool Grade <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Graduated	College OR University Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master's	Province of highest level achieved Date (dd/mm/yyyy)
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Please indicate disabilities that may affect your skills training: <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Addiction		Please indicate any other barriers: <i>Transportation, single parent, legal issues, language, etc.</i> 				

Income		Intervention	
<p>Are you currently receiving income? Please select all that apply:</p> <p> <input type="checkbox"/> EI (Employment Insurance) <input type="checkbox"/> Social Assistance <input type="checkbox"/> CCTB (Canada Child Tax Benefit) <input type="checkbox"/> Skills training education funding <input type="checkbox"/> Band funding <input type="checkbox"/> Job Income <input type="checkbox"/> Other: _____ </p>		<p>Please indicate the intervention type funding you are applying for:</p> <p> <input type="checkbox"/> Skills training (college degree, diploma or certificate) <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Highschool equivalency (GED) <input type="checkbox"/> Job placement or wage subsidy <input type="checkbox"/> Summer job <input type="checkbox"/> Self-employment </p>	
<p>Have you previously received funding for skills training?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>		<p>Training institution, company or organization Name: _____</p> <p>Address: _____ _____ _____</p>	
<p>How did you hear about CAP's ISET program training?</p> <p> <input type="checkbox"/> Skills training institution <input type="checkbox"/> Friendship Centre <input type="checkbox"/> Band/Nation/Community <input type="checkbox"/> Word of mouth <input type="checkbox"/> Facebook <input type="checkbox"/> Other: _____ </p>		<p>Name of diploma/ certificate program or job title</p> <p>Program start date (dd/mm/yyyy): _____</p> <p>Program end date (dd/mm/yyyy): _____</p>	
Documentation			
<p>Please provide the following documentation, if applicable</p> <p> <input type="checkbox"/> Proof of Indigenous ancestry. If not available, contact applications@abo-peoples.org <input type="checkbox"/> Resume <input type="checkbox"/> Letter of acceptance to training institution, or job offer/letter of intent to employ <input type="checkbox"/> Essay on your current career situation, career goals and/or reason for taking skills training (maximum - one page) <input type="checkbox"/> Printout or letter of training institutions costs for tuition, books, fees and equipment/ supplies <input type="checkbox"/> You must apply for funding from your band or other funding agency. If not approved, a letter stating this must be provided </p>			
Declaration			
<p>Providing false or misleading information will be cause for termination of participation in the CAP ISET Program and the recouping of any funds provided. I solemnly declare that all the documents and statements made in this application are true.</p> <p>Signature of Applicant _____ Date (dd/mm/yyyy) _____</p>			

Consent to release information

Collection and Use of Information

The information collected in the CAP ISET Client Application will be used to determine the applicant's eligibility for assistance under the ISET Program, and will be provided to Canada to:

- Determine applicant's eligibility for Employment Insurance benefits
- Assessing and evaluating CAP's activities
- Assessing and evaluating the ISET
- 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 known as the "Data Gateway" and web application known 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 CAP 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.

CAP 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 (dd/mm/yyyy) _____

Please send the completed and signed application by email, fax, or mail to:

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

applications@abo-peoples.org
Fax (613)-747-1124