



Congress of Aboriginal Peoples

Indigenous Skills and Employment Training Program

The Congress of Aboriginal People's (CAP) skills training funding is for members of CAP's provincial affiliate organizations who are trying to enter the labour market. To apply for membership, please contact the organization directly.

Please send the completed application for funding through CAP's ISET program 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

ISET Client Funding Application Checklist

- ☐ Client Application Form
- ☐ Picture of affiliate organization membership card + one additional piece of government issued photo ID
- ☐ Letter of acceptance to training institution, or job offer/letter of intent to employ
- ☐ Printout, screenshot, and/or letter of program costs (*tuition, books, bus/parking pass*)
- ☐ Resume
- ☐ Motivation essay on career goals and/or reason for taking skills training

Congress of Aboriginal Peoples Provincial Affiliate Organizations

[Alliance Autochtone du Québec](#)
[Association of Métis, Non & Status Indians Saskatchewan](#)
[Indigenous Congress of Alberta Association](#)
[Indigenous Peoples Alliance of Manitoba](#)
[Native Council of Nova Scotia](#)
[Native Council of Prince Edward Island](#)
[New Brunswick Aboriginal Peoples Council](#)
[Newfoundland Indigenous Peoples Alliance](#)
[Northwest Indigenous Council](#)
[NunatuKavut Community Council](#)
[Ontario Coalition of Indigenous Peoples](#)

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 significant work experience

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

- University Masters and Ph. D programs
- 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)

Congress of Aboriginal Peoples - Indigenous Skills and Employment Training (ISET) Program

867 St. Laurent Blvd, Ottawa, ON K1K-3B1
(613) 747-6022 ext. 225 | applications@abo-peoples.org



Congress of Aboriginal Peoples
Indigenous Skills and Employment Training Program

Client Application Form

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 Program and will be provided to Canada for the purposes uploading of data to Canada's data system, and evaluation 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				
First Name		Last Name		Preferred Name
Date of Birth ____ / ____ / ____ DD MM YYYY			Marital Status _____	SIN ____-____-____
Gender:	Male	Female	Non-binary/2 Spirit	Prefer not to say
Preferred language:		English	French	
Indigenous Group				
Non-Status Indian		Status Indian	Métis	Inuit
Name of Indigenous Community/Band/Nation				
Contact Information				
Address (street number, street name, unit number)				Phone
City	Province	Postal Code	Email	
Background Information				
Please indicate disabilities that may impact your skills training				
Physical	Learning	Visual	Hearing	Addiction
Other: _____				
Highest Education Level Attained				
Highschool Grade: _____		Graduated Highschool		
College or University Year	1	2	3	4
				Completed
Province of highest level achieved: _____ Year: _____				

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Financial Information			
Are you currently receiving income?		Yes	No
Job Income	EI (Employment Insurance)	CCTB (Canada Child Tax Benefit)	
Band funding	Social Assistance	Skills training education funding	
Other: _____			
Have you previously received funding for skills training?		Yes	No
Intervention			
Please indicate the intervention type you are applying for funding for:			
Skills training (certificate, diploma, or degree)		Apprenticeship	
Highschool equivalency		Job placement or wage subsidy	
Summer Job		Self-employment	
Name of training program (or job title): _____			
Start Date: _____ / _____ / _____ DD MM YYYY		End Date: _____ / _____ / _____ DD MM YYYY	
Training Institution (or company/organization)			
Name: _____			
Address (street number, street name, unit number)			
City	Province	Postal Code	
How did you hear about CAP's ISET program?			
Skills training institution		Band/Nation/Community	
Friendship Centre		Word of Mouth	
Social media:	Facebook	Instagram	LinkedIn



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Declaration

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.

Signature of Applicant _____ **Date:** ____/____/____
DD MM YYYY

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 for:

- Determining applicant's eligibility for Employment Insurance benefits
- Assessing and evaluating CAP's activities
- Assessing and evaluating the ISET Program
- 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