



## Congress of Aboriginal Peoples Indigenous Skills and Employment Training Program

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

**Please note: You must be a member of a provincial affiliate (PTO) to receive funding.**

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](mailto:applications@abo-peoples.org)

Fax (613) 747-1124

### ISET Client Funding Application Checklist

- Client application form
- Picture of provincial affiliate (PTO) membership card (see below for list of affiliate organizations)
- One piece of government issued photo identification
- 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 (1/2-page max)
- Band denial letter of funding (Status First Nations must first apply to their band/tribal council for skills training funding)

### Congress of Aboriginal Peoples Provincial Affiliate Organizations (PTO's)

[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](#)

Priority will be given to individuals who have not previously completed a skills training program.

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. 320 | [applications@abo-peoples.org](mailto: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: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary/2 Spirit <input type="radio"/> Prefer not to say				
Preferred Language: <input type="radio"/> English <input type="radio"/> French			# of Dependents: _____	
Indigenous Group				
<input type="radio"/> Non-Status Indian <input type="radio"/> Status Indian <input type="radio"/> Métis <input type="radio"/> Inuit				
Name of Indigenous Community/Band/Nation			Name of PTO (Membership)	
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				
<input type="radio"/> Physical <input type="radio"/> Learning <input type="radio"/> Visual <input type="radio"/> Hearing <input type="radio"/> Addiction				
Other: _____				
Highest Education Level Attained				
High school Grade: _____			<input type="checkbox"/> Graduated High school	
College or University Year <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Completed				
Province of highest level achieved: _____ Year: _____				



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



# Congress of Aboriginal Peoples

## Indigenous Skills and Employment Training Program

### 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