



For status First Nations, are you eligible for employment (ISET) funding from your band? Yes No  
 If you answered no, please explain

Have you previously received employment training funding? Yes No

Are you currently receiving income? (please select all that apply) Yes No  
 Social assistance Funding for training (i.e. tuition) Band funding (education or skills training)  
 Employment Insurance (EI) Employment income Other:

**Intervention**

Please indicate the intervention type funding you are applying for  
 Highschool upskilling Job placement or wage subsidy Summer student  
 Skills training (i.e. college degree, diploma or certificate) Apprenticeship Self-employment

Training institution, company or organization: Name: Address:	Contact Person (for sponsorship/finances or payroll) Name Phone email	Fax
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Name of diploma/ certificate program or job title	Program start date <input type="text"/>
	Program end date <input type="text"/>

**Documentation**

Please provide the following documentation, if applicable

- Proof of Aboriginal ancestry (i.e. photocopy of Indian status card). If proof is not available, con-tact the Congress of Aboriginal Peoples' (CAP) ISET Program team
- Resume
- 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 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

Please send completed and signed application by email, fax or mail to:  
[m.gallina@abo-peoples.org](mailto:m.gallina@abo-peoples.org)  
 Fax: (613) 747-1124  
 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 ISET Client Application will be used to determine the applicants eligibility for assistance under the ISET Program, and will be provided to Canada to:

- Determine applicants eligibility for Employment Insurance benefits
- Assessing and evaluating CAP' 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 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 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

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