



Native Women's  
Association of Canada

L'Association des  
femmes autochtones  
du Canada

**CONFIDENTIAL** (When completed)

**Submit completed application by email to (ISET@nativewomens.com).** The information submitted is used to determine your eligibility for funding under the ISET program.

Applicants to NWAC's ISET program are required to complete this Application and **attach the following documents:** (Status/Treaty card + 1 other Government-issued ID); completed Financial Overview document; Client Consent for EI Verification; Letter of Acceptance; Band Denial Letter. Additional supporting documentation will be requested upon receipt of your application.

Your information will be kept confidential in accordance with Canadian privacy laws upon submission. Your personal information will not be used or disclosed for purposes other than those for which it was collected.

APPLICANT DETAILS					
Social Insurance Number (SIN):			Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		
Last Name:			First Name:		
Middle Name(s)/Initials:			Preferred Name: (if applicable):		
CONTACT INFORMATION					
Apt. or Box #:		Street Address:			
City:		Province:		Postal Code:	
Mailing Address (if different than above):					
Daytime Phone #:		Alternate Phone #:		Email Address:	
Emergency Contact Name:		Emergency Contact Phone #:		Relationship to Applicant:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse		Date of Birth:	Year:	Month:	Day:
Indigenous Group: <input type="checkbox"/> Status First Nation <input type="checkbox"/> Non-status First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit					
First Nation/Inuit/Metis Number:			Home Community:		
Other than Indigenous do you belong to a visible minority group? <input type="checkbox"/> No <input type="checkbox"/> Yes			Preferred Language:		
Marital Status: <input type="checkbox"/> Married or equivalent <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <i>If married or equivalent, spouse's name:</i>					
Dependent Children: <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, please list ages of children:					
Do you consider yourself to have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:					



Funded by the Government of Canada's Employment and Social Development Canada (ESDC).

Are you currently receiving Social Assistance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what is your allowable 'top-up' (if applicable)? \$
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Labour Force Attachment:	<input type="checkbox"/> Unemployed <input type="checkbox"/> Under-employed	<input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time	<input type="checkbox"/> Self-Employed <input type="checkbox"/> Student	<input type="checkbox"/> Other
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### EDUCATION

Education: (select all that apply)

<input type="checkbox"/> No formal education	Year Completed:
<input type="checkbox"/> Up to Grade 7-8 (Secondaire I-II)	Year Completed:
<input type="checkbox"/> Grade 9-10 (Secondaire. III)	Year Completed:
<input type="checkbox"/> Grade 11-12 (Secondaire IV-V)	Year Completed:
<input type="checkbox"/> Secondary School Diploma or GED	Year Completed:
<input type="checkbox"/> Some post-secondary training	Year Completed:
<input type="checkbox"/> Apprenticeship/ trades certificate or diploma	Year Completed:
<input type="checkbox"/> CEGEP or other non-university certificate/diploma	Year Completed:
<input type="checkbox"/> College or other non-university certificate/diploma	Year Completed:
<input type="checkbox"/> University certificate or diploma	Year Completed:
<input type="checkbox"/> University - Bachelor Degree	Year Completed:
<input type="checkbox"/> University - Masters degree	Year Completed:
<input type="checkbox"/> University - Doctorate	Year Completed:

Year and Province/Territory in which highest level of education was attained:

### EMPLOYMENT GOALS

What is your long-term employment goal?

What barriers are you facing in terms of reaching your employment goal? (select all that apply):

Education  
  Funding  
  Lack of Job Opportunities  
  Location (remote community)  
 Other (please specify):

If you have already identified a training/educational program or employer, please select an option:

Skills Development (Education)  
  Targeted Wage Subsidy  
  Job Creation Partnership

What financial supports are you requesting to assist in reaching your employment goals?

Tuition  
  Books/Program Materials  
  Living Allowance  
  Transportation  
 Other (please specify):

Childcare: (Is a childcare subsidy being requested):       No       Yes

Childcare Funded: (Support currently received)	<input type="checkbox"/> Not applicable <input type="checkbox"/> FNICCI <input type="checkbox"/> Assisted by family	<input type="checkbox"/> EI/CRF <input type="checkbox"/> No funding received <input type="checkbox"/> Self-funded	<input type="checkbox"/> Provincial funding/subsidy <input type="checkbox"/> Daycare not available
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Are you currently receiving any other funding sources (Band funding, student loans, grants, etc.):

No  
  Yes  
 If yes, please specify program and amount:



## ISET Financial Overview

To qualify for ISET funding, applicants must disclose ALL household income from all sources. Documentation and proof of financial situation IS REQUIRED prior to any approval of funding.

If you are currently employed, you MUST provide:

- Copies of your last 3 paystubs.

If you are married, or equivalent, you MUST provide:

- Copies of their last 3 paystubs.

If you have dependent children under the age of 18, you MUST provide:

- A copy of latest child tax benefit statement.

**MANDATORY:** If you are in receipt of social assistance, you MUST provide a letter from your caseworker indicating how much you are receiving monthly and the amount of 'top up' you may be eligible to receive as a living allowance while attending an eligible training or educational program.

Your ISET application **WILL NOT** be processed until this form is completed and all verification documents have been submitted in support of your application for a living allowance\*\*.

Monthly Expenses	Total Expenses
Rent/Mortgage	\$
All utilities	\$
Phone/Internet	\$
Food	\$
Bus/Train Pass	\$
Childcare	\$

Monthly Income	Total Income from all Sources
Employment Income	\$
Spousal Income	\$
Social Assistance	\$
Child Tax Benefit	\$
Jordan's Principle	\$
Band Funding	\$
Other: please specify	\$

**\*\* Living allowance is a subsidy and not intended to cover all monthly expenses or a deficit, while attending an eligible training or educational institution.**

**I confirm that the above information is true and understand, that providing false or misleading information, may make me ineligible for funding through the ISET program and may result in a repayment of funds to Employment and Social Development Canada (ESCD), if I received funding to which I was not entitled.**

Please Print Applicant Name and Date:

X

Client Signature

[nwac.ca](http://nwac.ca)

Native Women's Association of Canada  
L'Association des femmes autochtones du Canada

120 Promenade du Portage, Gatineau, Quebec, J8X 2K1

## INDIGENOUS SELF-DECLARATION

I, the undersigned, understand that the funding opportunity for which I am being considered is intended to increase Indigenous participation in the Canadian labour market and support First Nations, Metis and Inuit peoples' access to sustainable and meaningful employment; and, provides access to training and employment supports to all Indigenous women in all their gender diversity, in Canada including status and non-status First Nations, Metis and Inuit peoples whether residing on or off-reserve, in urban centres and in rural, remote communities.

Further, I understand that providing false or misleading information and/or omission of information by me about my Indigenous identity may result in an investigation and if the investigation is founded, will be grounds for immediate suspension of any funding and further, revocation of any Funding Agreement between me and the Native Women's Association of Canada and/or its sub-agreement holders, and will result in a repayment of funds to Employment and Social Development Canada (ESDC), for monies I received to which I was not entitled.

I declare that I am an Indigenous person according to the following definition: Indigenous Peoples are people who are First Nations, Inuit or Métis.

X

\_\_\_\_\_  
Client Name

Date: \_\_\_\_\_

## CLIENT CONSENT FOR EI VERIFICATION

I, the undersigned, give my expressed and informed consent to the Native Women's Association of Canada and/or its sub-agreement holders to the Indigenous Skills and Employment Training Program (hereinafter referred to as ISET), to collect personal or sensitive information as it relates to my request for funding under the ISET program funded by Employment and Social Development Canada (ESDC). My consent extends to providing my Social Insurance Number (SIN), to determine my eligibility for interventions such as skills training and wage subsidies as part of the Labour Market Development Agreements (LMDA) program.

I acknowledge that the information is collected and administered in accordance with the *Privacy Act (R.S.C. 1985, c P-21)*, the *Department Employment and Social Development Canada Act (S.C. 2005, c.34)*, and the *Access to Information Act (R.S.C., 1985, c.A-1)*. Information collected is to be used to determine eligibility for the ISET program; to measure results of this Agreement and evaluate its success; evaluate the effectiveness of the Program in achieving its objective; and, to meet its obligations of accountability by reporting on the results of the Program.

All information referred to above shall be treated as confidential, and the Native Women's Association of Canada and its sub-agreement holders will take all security measures reasonably necessary for the protection of such information against unauthorized release or disclosure.

Further, I understand that my personal information shall not be used or disclosed for purposes other than those for which it was collected, except with the expressed consent of you, as the client, or as required by law. Personal information shall be retained only as long as necessary for the fulfilment of those purposes.

X

\_\_\_\_\_  
Client Signature

Date: \_\_\_\_\_



## CLIENT ACKNOWLEDGEMENT OF FUNDING SOURCE

I, the undersigned, acknowledge that I have been advised by the Native Women's Association of Canada and/or its sub-agreement holders to the Indigenous Skills and Employment Training Program (hereinafter referred to as ISET) that funding for skills and employment training, living allowance, wage subsidies or other sources of funding are Government of Canada resources advanced through Employment and Social Development Canada (ESDC) to fund the ISET program.

I give my consent to the Native Women's Association of Canada and/or its sub-agreement holders and their designated authorized representatives, to contact other service agencies, funding providers, educational and training institutions to verify information regarding my application and for verification of income sources. Requests for supporting documentation may include but is not limited to: acceptance letter from training institution, letter of decision by Band; ID (Status/Treaty Card, driver's license, Passport, Health Card or other Government-issued identification); tax assessment; child tax benefit (CTB) statement; Social Assistance statement or letter from agency/caseworker; Record of Employment (ROE); paystubs; letter of employment, bank statements, and other documentation as required for verification purposes.

I understand and acknowledge that any false or misleading statements and/or omission of information by me, may be grounds for immediate suspension of any funding and further, revocation of any funding arrangement between me and the Native Women's Association of Canada and/or its sub-agreement holders, and may result in a repayment of funds to Employment and Social Development Canada (ESDC), for monies I received to which I was not entitled.

X

\_\_\_\_\_  
Client Name

Date: \_\_\_\_\_

## CONSENT FORM FOR USE OF IMAGE, VIDEO, AUDIO

I, the undersigned, hereby give my expressed and informed consent to the Native Women's Association of Canada (hereinafter referred to as NWAC), and/or its sub-agreement holders to the Indigenous Skills and Employment Training Program (hereinafter referred to as ISET), permission to use my images (still or moving) and/or my spoken words in perpetuity for educational, promotional and marketing purposes.

By signing this Consent, I agree:

- To allow the recording of your image and voice (e.g., photographs, audio, or video).
- To distribute your image or recording in any medium, be it print or electronic form, which may include the Internet, including but not limited to, Facebook, Instagram, YouTube, Twitter, Threads).
- To grant permission to other entities to reproduce the images or recording for educational, promotional or marketing purposes for the ISET program.
- That there is no reimbursement for the right to take, or to use your photograph or video or recording.

My signature below denotes that I have read and understand that my Consent, gives permission to NWAC and its sub-agreement holders to use my images, video and audio as described above.

X

\_\_\_\_\_  
Client Name

Date: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

I, the undersigned, give my expressed and informed consent to the educational/training institute or my Employer, to release information to the Native Women's Association of Canada and/or its sub-agreement holders to the Indigenous Skills and Employment Training Program (hereinafter referred to as ISET).

I understand that my consent and authorization is valid in perpetuity for all information related to the program, classes, attendance, or wage subsidy that are funded by Employment and Social Development Canada (ESDC) under the ISET program and delivered by NWAC and/or its sub-agreement holders.

I understand that it is my personal responsibility to inform the Registrar's Office, my Employer and the NWAC and its sub-agreement holder in writing should I decide to withdraw my consent to release student information.

*Under the Freedom of Information and Protection of Individual Privacy Act, you have the right to privacy of personal information held by government institutions, including institutions of learning. Your signature denotes your consent and authorization for the training/educational institution or Employer for which I received funding or wage subsidy through the ISET program to release personal information as described above.*

X

\_\_\_\_\_  
Client Name

Date: \_\_\_\_\_





## **ISSET APPLICATION CHECK LIST**

### **Required for all applications:**

- 2 Pieces of ID (Treaty Status/Drivers License, Health Care Card, Passport, etc.)
- Copy of Resume
- Copy of letter of acceptance/denial from Student Financial Assistance (SFA)
- Copy of letter of acceptance/denial from First Nation/Band funding office

### **Post-Secondary Students:**

- Confirmation of enrollment/acceptance from a recognized college/university institution
- Class schedule
- Tuition and/or book fee invoice