



MÉTIS EMPLOYMENT & TRAINING INDIVIDUAL TRAINING INTERVENTION APPLICATION



APPLICATION DATES (Check the applicable start date only)

- FALL (SEPTEMBER) ENROLLMENT
- WINTER (JANUARY) ENROLLMENT
- SPRING (MAY) ENROLLMENT
- OTHER (please specify the start date): _____

All applications will be processed on a “first come, first completed” basis. **Please submit your application as soon as possible.** Allow for a MINIMUM of 4-6 weeks processing time, prior to the start date of your Certificate, Diploma or Degree Program. For Short Courses or Trades Programs, please submit your application even if you are on a waitlist.

Part One: Student Information			
Birth date (i.e. May 10, 1980):			
Last Name:		Previous Last Name(s):	
First Name & Middle initial:		Previous First Name(s):	
SIN # (Social Insurance Number):			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Method of Métis ID:	<input type="checkbox"/> Notarized Declaration Form <input type="checkbox"/> Métis ID Card		
Are you a resident of BC?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long have you lived here? _____		
Mailing Address:		Other Contact Information:	
Address:		Phone #:	
City:		Cell Phone #:	
Province:		Email Address:	
Postal Code:			
Permanent Address (if different from mailing address):			
Address:		FOR OFFICE USE ONLY:	
City:		Date received in office:	
Province:		Region:	
Postal Code:			

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<i>Part Two: Dependent Information (Please provide Birth Certificates for each dependent)</i>			
Name:	Birth date (i.e. April 12, 2008):	Gender:	
<i>Part Three: Financial Information (submit most recent Tax Notice of Assessment- and two current paystubs)</i>			
Note: if you are requesting living allowance, you must fill out the attached calculation page to reflect income/costs while you are in training.			
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate the following:			
Company Name:		Position Title:	
Weekly hours:		Hourly pay rate:	\$
Personal Annual Income:	\$	Spousal Annual Income:	\$
Are you receiving Social Assistance/Income Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been on E.I.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate when? _____			
Please initial to acknowledge that the METP performs an E.I. check for a funding category _____			
Have you applied for any funding outside of this organization (student loans, scholarships, bursaries etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate where? _____			
Have you been approved for any of the above? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know yet			
If yes, what is the dollar value? \$ _____ (please provide documentation)			

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Part Three Continued: MONTHLY Living Allowance Calculation Page
 (Please only fill this form out if you are applying for living allowances throughout your training. Provide income and costs associated to the time you will ACTUALLY be in training)

What will your income source be while in training? (i.e. Employment, E.I., no income, etc.)	
Will you be living independently, with your parents, partner/spouse or roommate? (please specify)	
Anticipated monthly income (paystubs will need to be submitted):	\$
Child care expenses (after any subsidies – proof required):	\$
Rent or Mortgage Payment (a Tenancy Agreement or proof of payment required):	\$
Transportation Expenses (proof of insurance payment required – please state if you need the training institutes UPASS):	\$
Utilities & Phone (proof of bills required):	\$
Groceries:	\$
Other (please specify):	\$
Other (please specify):	\$
Total expenses:	\$
Total income minus total expenses:	\$

**** PLEASE INCLUDE A COPY OF A VOID CHEQUE OR YOUR DIRECT DEPOSIT INFORMATION FORM****

*Additional information may be required.
 Please note that our office may adjust the costs requested.*

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Part Four: Institute and Program Information (Please provide an acceptance letter or proof of enrollment) *** If attending an Institution outside B.C. you must submit an essay on why you have chosen this Institution and provide a cost comparison***			
Institution:		Aboriginal Student Advisor Contact:	
Program or Course Name:		Student Number:	
Year of Study:		TOTAL Program length:	
Start date of funding applied for:		End date of funding applied for (include exam dates):	
Program Type	<input type="checkbox"/> Essential Skills/Upgrading <input type="checkbox"/> Short Ticket <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other: _____	<input type="checkbox"/> Part-time studies <input type="checkbox"/> Full-time studies <input type="checkbox"/> Online studies	Period of Funding (please check all that apply) <input type="checkbox"/> Sept – Dec <input type="checkbox"/> Jan – Apr <input type="checkbox"/> May – Aug <input type="checkbox"/> Other dates (specify): _____
Number of courses enrolled in per semester: <i>(Please provide proof of registration)</i>			
Type of Student:	<input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Returning (after more than one year break from school)		
Have you been funded by us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Regional Office and when?		
Do you require the Health and Dental benefits offered through your institute or do you have coverage elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No, I have coverage elsewhere (you will need to advise the training institute and opt out)			
Cost of Program (please provide proof of costs once received):			
Tuition and Mandatory Fees:	\$ _____		
Mandatory Books:	\$ _____		
Other mandatory course supplies (please specify and attach supporting documentation):	\$ _____		
Other (please specify, can include relocation):	\$ _____		
TOTAL:	\$ _____		

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Part Five: Additional Educational Information (if you do not have enough space, please provide this information on a separate piece of paper)

What is the highest level of education you have completed (i.e. list any courses, certificates, diplomas that you have completed to this point and indicate in what year they were achieved – please provide us with a copy if applicable):

How did you pay for previous training?

Have you ever been on academic probation?

If so, please indicate when and tell us what you have done to help ensure you are more successful?

If approved for this funding, I plan to be employment ready by (date):

Name of employment position you are training for:

What is your Return to Work Action Plan? Or what steps have you taken or will you be taking to ensure you will gain employment at the end of your training?

Are you willing to relocate for employment? If your answer is no, please explain why:

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Part Six: Other Information	
Have you ever been in the care of the Ministry of Children and Family Development? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability: (check all that may apply)	<input type="checkbox"/> Long Term Disability <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Not on Disability Assistance <input type="checkbox"/> I have a Learning Disability or a Learning Challenge <input type="checkbox"/> I have a Physical Disability or Physical Challenge <input type="checkbox"/> I do not have a Disability or Challenge to my knowledge

Please indicate how you heard about Métis Employment & Training and our programs:

Please provide a security password that we may ask you over the phone to ensure we are speaking to you, the client (rather than a partner, parent, sibling, or other). Ensure this password is something only YOU would know the answer to:

If you would like to give permission for someone other than yourself to speak to us regarding your file, please provide their name, relationship to you and contact information:

I _____ confirm that the above information provided is true and factual. I accept responsibility for satisfying the academic requirements of the Institution I have applied to. By filling out the application and signing below, I am aware that some of this information may be accessed by a Government of Canada Representative.

I understand that any intentional misrepresentation may result in a denial of my funding.

Client Signature Date

Legal Guardian's Signature Date
(required if applicant is under 19 years of age)

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