

MÉTIS EMPLOYMENT & TRAINING

INDIVIDUAL TRAINING INTERVENTION APPLICATION SHORT COURSE

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.** Try to allow for a minimum of 4 weeks processing time, prior to the start date of your short course. A short course is defined as a course that is **less than 4 weeks in length**. Please submit an 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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Part Two: Dependent Information (Please provide Birth Certificates for each dependent)		
Name:	Birth date (i.e. April 12, 2008):	Gender:

Part Three: Financial Information (MUST submit most recent Tax Notice of Assessment- and two current paystubs)			
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 Four: Institute and Program Information (Please provide an acceptance letter or proof of enrollment if possible) *** 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:	
Online or face-to-face:		TOTAL Program length (number of days/weeks):	
Start date:		End date (include exam dates):	
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?		
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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