



# **Ktunaxa ASETS Funding Policies and Procedures**



Funded by the Government of Canada's Aboriginal Skills and Employment Training Strategy. The opinions and interpretations in this publication are those of the author and do not necessarily reflect those of the Government of Canada.

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## Service Area



The Education and Employment Sector of the Ktunaxa Nation Council is responsible to develop and administer programs which address Labour Market needs of all First Nations people, both status and non status, living within the area known as the Ktunaxa Traditional Territory both on and off reserve, excluding Métis. The Métis have a similar program.

The Education and Employment Sector receives funding through the Aboriginal Skills, Employment and Training Strategy (ASETS) under the Service Canada with the Federal Government. Through the Ktunaxa ASETS Agreement the Ktunaxa Education and Employment Sector provides Employment and Training funding that is available for all First Nations to access as laid out within this Policy & Procedures Manual.

This policy replaces the Ktunaxa/Kinbasket Aboriginal Training Council (KKATC) Policy and Procedures and Programming. Programming is aligned with the requirements as set by Service Canada and as identified through the required Strategic Business Plan as required by Service Canada.

## **Mission Statement**

To support and promote empowerment of First Nations people residing within the Service area to achieve self-sufficiency and independence through counselling, training and employment.

## **Vision Statement**

Our vision is to be a dynamic organization that respects and honours the importance of First Nations language and culture in the achievement of self-sufficiency and independence through capacity building.

## **1. Eligibility**

1. Eligibility for funding is limited to persons of First Nations ancestry (status and non status) living within the service area (on and off of reserve).
2. Individuals must be typically unemployed or underemployed and/or face multiple barriers to employment and training.
3. All applicants must reside within the Service area prior to making application, with the exception of students who normally reside within the Service area but have moved out of the service area to attend school.
4. Persons who have been previously funded by KKATC or other Service Canada funded programs under the Ktunaxa Nation Council and have not successfully completed the initiative and have an outstanding balance owed are not eligible for further funding until they have repaid the outstanding amount in full or have made a mutually agreed upon payment plan.

## **2. Failure to Comply**

1. Failure to comply with the terms of the funding agreement and these policies and procedures may be cause for discontinuation of funding and/or refusal of subsequent funding and may result in repayment of any funds received to date.

## **3. Non Completion**

1. All funding is considered to be a loan, 100% forgivable upon successful completion. Successful completion is passing all courses.
2. Consideration will be given to those who have given their best efforts to pass all courses but were not able to obtain a passing mark based on recommendations of their Ktunaxa Nation Council Education and Employment Case Manager and instructor input.
  - a. A student will not be held in default if if they are not able to successfully complete due to medical reasons do not allow for the student to complete. Documentation is required.
3. Participants who do not successfully complete the initiative must repay all funds received.

4. Individuals required to repay funds will not be considered for further funding until the funds are repaid in full or a mutually agreed upon payment plan has been made.

## **4. Appeal**

1. Anyone has the right to appeal. The process for appeal is as follows:
  - a. Make written request for appeal within 30 days to the Director of the Education and Employment Sector of the Ktunaxa Nation Council, detailing the grounds for which the appeal is being pursued.
  - b. Attend an appeal hearing comprised of the Education and Employment Sector Council to further discuss the details of the appeal. The decision of the Education and Employment Sector Council will be final.

## **5. Policy Amendments**

1. This policy may be amended when necessary by consensus of a quorum of Education and Employment Sector Council members.
2. We reserve the right to impose extraordinary conditions or requirements in addition to those stated herein, as required or otherwise deemed necessary.

## **6. Application Deadline & Review**

1. Applications and proposals must be submitted no later than the second Friday of each month.
2. Late applications and proposals will not be considered until the following month.
3. Applications and proposals that are incomplete, due to the circumstances beyond the control of the applicant, should be submitted along with a written statement identifying the missing information and estimating when the information is expected to be received.
4. Approved applications and proposals, which are missing information, will not be eligible to receive funds until such time as the missing information is received.

5. Applications and proposals can be submitted:
  - a. In person;
  - b. By mail;
  - c. By fax; or
  - d. By e-mail.(see front cover for contact information)
6. Applications and proposals will not be considered if submitted after the proposed activity has already started.
7. Applicants requiring assistance with their application may seek assistance from Education and Employment Sector Staff.

## **7. Personal Presentations**

1. Personal presentations of applications or proposals will not be permitted.

## **8. Income Status**

1. Applicants must declare of all sources of income of both the applicant and the spouse that is being received at the time of the application.
2. If the income status of the individual or the spouse changes, it is the individual's responsibility to notify the Education and Employment Sector of the income change and the source of the income.
3. Failure to notify the Education and Employment Sector of income status changes may be considered failure to comply and may result in discontinuation of funding.

## **9. Educational Sponsorship**

1. Applications for educational sponsorship will be accepted for consideration from persons eligible for funding.
2. Educational sponsorship is considered a loan, 100% forgivable upon successful completion.
3. Applications will be considered provided that:
  - a. The program is two years or less and can only fund up to the diploma level and cannot consider requests for bachelor's, degrees or higher.

- b. Provides proof that they do not qualify for sponsorship from any other funding source, including:
  - i. Band Sponsorship;
  - ii. Service Canada;
  - iii. Ministry of Employment and Income Assistance (MEIA);
  - iv. Aboriginal Social Assistance Recipient Employment and Training (ASARET); or
  - v. Other such programs.
- c. Has initiated/updated their Individual Training Plan (ITP), which may include interest and academic assessments, career exploration and research, and short and long term goal setting that is in line with the educational program they are applying for. The applicant will need to provide documentation that this is in place.
- d. Submits a copy of their letter of acceptance.

## **10. Acceptable Costs**

The follow costs may be considered:

### **1. Tuition**

### **2. Program fees**

### **3. Textbooks, supplies, materials, tools, equipment, relevant apparel, etc.**

- a. Requests for materials, tools, equipment, and relevant apparel may be considered. These items must be required for the program. Documentation is required that these items are necessary.

### **4. Living Allowance**

- a. Based on whether the student is single, has a working or dependent spouse, and the number of dependent children.
- b. Living allowance is directly related to attendance. Students will only be paid for the time that they have attended to the maximum living allowance they are eligible. (ie. If attended 20/23 days, the student will only be paid for the 20 days attended.)

- c. Living allowance is based on full-time attendance. Requests for less than full-time attendance may be considered and adjusted accordingly.
- d. Living allowance may be withdrawn at any time due to:
  - i. A demonstrated lack of commitment, motivation achievement, or poor attendance;
  - ii. Intentional submission of misleading or false information;
  - iii. Breach of the funding agreement; or
  - iv. For any other reasonable cause as determined by the Education and Employment Sector.
- e. All living allowances are subject to the appropriate deductions as outlined by Revenue Canada.

## **5. Transportation**

- a. May be considered, based on the public transportation rate. (ie. equivalent to a buss pass)
- b. Special travel may be considered for other travel expenses that are required for the program.

## **6. Other Costs**

- a. Special training material, equipment or furniture;
- b. Physical adaptation of building for ease of access;
- c. Interpreters and interviewers for the deaf and hearing impaired;
- d. Specialized work training assistants; or
- e. Reading assistance, audio cassette recording, Braille or large print materials.

Due to the availability of Provincial subsidy, requests for daycare allowances will not be considered.

Purchases made prior to approval will not be reimbursed. Costs that exceed the amount approved will be the responsibility of the student.



## **11. Reporting Requirements**

1. Monthly progress reports must be completed in full and signed by both the student and the instructor(s). We reserve the right to impose more frequent reporting as deemed necessary.
2. Progress reports are required in order to receive the living allowance.
3. Reports are due on the 20<sup>th</sup> day of each month.
4. Reports that are received late will result in the living allowance not being processed until the following cheque run (this could take up to three weeks).
5. It is the student's responsibility to ensure that reports are completed and submitted on time. We will not solicit the reports from students.
6. Upon completion, the student must provide a copy of their statement of marks or transcripts as proof of completion in order for the loan to be forgiven.

## **12. Release of Funds**

1. No funds will be released until the student has signed and returned the agreement and participant information form.
2. Living allowances will be distributed on the last Friday of each month, provide the reporting requirements have been met.
3. Living allowances will be given to the students the on the last Friday of each month for the following month. (ie. August 30<sup>th</sup> student will receive their living allowance for September)

### 13. Living Allowance Schedule

	0 Children	1 Child	2 Children	3 Children	4 Children	5 Children
Single Person with	\$ 975	\$ 1,500	\$ 1,725	\$ 1,950	\$ 2,025	\$ 2,100
Couple (dependent spouse) with	\$ 1,290	\$ 1,500	\$ 1,725	\$ 1,950	\$ 2,025	\$ 2,100
Couple (Full-time employed spouse) with	\$ 975	\$ 975	\$ 975	\$ 975	\$ 975	\$ 975

Rate for more than 5 children; add \$50 per month per additional child.

A student with a spouse who has a full-time income is only eligible for the rate equivalent to a single person with no children.

Only one individual per couple is eligible for a living allowance.

## 14. Other Sponsorship Verification Form

All applications must provide documentation to show that the applicant has made every effort to apply to any other funding sources available to them. Documentation may be a letter or having the following form completed.

**Band/Organization Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

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**This is to verify that** \_\_\_\_\_ **has:**

- a. Formally submitted an application for educational sponsorship.
- b. Has inquired about educational sponsorship.

**Result:**

- c. Application is being considered
- d. Application has been fully approved
- e. Application has been partially approved for \$ \_\_\_\_\_
- f. Application is not eligible for funding
- g. Application is not approved
- h. Sufficient funds are not available to fund this person at this time.
- i. Other \_\_\_\_\_

\_\_\_\_\_  
Signed by Band/Organization

\_\_\_\_\_  
Date

# 15. Monthly Monitor Form

Name: \_\_\_\_\_ For the month ending: \_\_\_\_\_

Course	Attendance	Course Progress (be specific!)	Instructor Comments and Sign-Off
	/ classes What did you do to make up for classes missed? _____		
	/ classes What did you do to make up for classes missed? _____		
	/ classes What did you do to make up for classes missed? _____		
	/ classes What did you do to make up for classes missed? _____		
	/ classes What did you do to make up for classes missed? _____		
<b>Weekly total of all class hours for all courses:</b>		<b>/24 hours</b>	

This form must be completed in full by student and signed-off by each Instructor for each course. This form is due by 1:00 pm on the 20<sup>th</sup> day of each month; late reports may result in late living allowance cheques.

# 16. Educational Sponsorship Application

Application **due** second Friday of each month.

Program cannot have started.

Name _____	SIN _____
Address _____	Birth date _____
_____	M/D/Y
_____	Phone _____
_____	Date _____

**Are you a Canadian Citizen**  Yes  No

**Are you First Nations**  Yes  No  Status  Non-Status

**Do you live on reserve**  Yes  No **If yes, which reserve** \_\_\_\_\_

**Are you currently employed**  Yes  No **Are you receiving EI**  Yes  No

**Have you received EI in the past 3 years**  Yes  No

**Have you received EI Maternity/Parental benefits within the past 5 years**  Yes  No

**List any other funding sources that you have applied to and the outcome** \_\_\_\_\_

**Title of program and Institute** \_\_\_\_\_

**Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_

**Number of classes** \_\_\_\_\_ **Number of hours/week** \_\_\_\_\_

**Have you included a letter of acceptance with this application**  Yes  No

**If no, when will it be received** \_\_\_\_\_

**Last school attended** \_\_\_\_\_

**Last grade completed** \_\_\_\_\_ **Year attended** \_\_\_\_\_

## Training Programs:

1. \_\_\_\_\_  
Program \_\_\_\_\_ length of program \_\_\_\_\_ where attended \_\_\_\_\_  
**Was it completed**  Yes  No **If no, why not** \_\_\_\_\_

2. \_\_\_\_\_  
Program \_\_\_\_\_ length of program \_\_\_\_\_ where attended \_\_\_\_\_  
**Was it completed**  Yes  No **If no, why not** \_\_\_\_\_

3.

Program

length of program

where attended

**Was it completed**  Yes  No **If no, why not** \_\_\_\_\_

**Have you initiated an Individual Training Plan with the Ktunaxa Nation Employment and Training Department**  Yes  No **If yes with who** \_\_\_\_\_ **Date** \_\_\_\_\_

**What is your career goal** \_\_\_\_\_

**How did you determine this goal** \_\_\_\_\_

**What are the qualifications necessary to achieve your career goal** \_\_\_\_\_

**What other education and/or training do you need for this career** \_\_\_\_\_

**Where can you access the required education and/or training** \_\_\_\_\_

**What are the employment opportunities for this career? Locally? Provincially?** \_\_\_\_\_

**What is the job duties of someone employed in your chosen field** \_\_\_\_\_

**What types of employment opportunities exist for you once you have completed all of the education/training that you need for this career** \_\_\_\_\_

**List three potential employers**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**What is the salary range? What is the entry level of pay?** \_\_\_\_\_

Are you fully committed to this program  Yes  No Explain how \_\_\_\_\_

How long do you anticipate it will take to complete any other necessary education and training needed \_\_\_\_\_

List all persons living in your household

Last Name	First Name	Relationship	Age

Monthly Income

	Applicant	Spouse
Employment Income		
Employment Insurance		
Social Assistance		
Self Employment Income		
Pension/Other Income		
Total Monthly Income	\$	\$

Requested Assistance

LIVING ALLOWANCE (RATE X # OF MONTHS)	\$
Tuition	\$
Books & Supplies	\$
Fees	\$
Transportation	\$
Other	\$
TOTAL	\$

## **Applicant's Acknowledgement**

I \_\_\_\_\_ declare that the information provided above is true to the best of my knowledge. I acknowledge that I have submitted this application to the Ktunaxa Aboriginal Skills, Employment & Training Strategy (ASETS) under the Education and Employment Sector for educational sponsorship. I acknowledge that if this application is approved it will be considered a loan that is 100% forgivable upon successful completion. I understand that this application is not approved until I have been notified in writing by the Ktunaxa Education & Employment Sector and I will be required to sign a loan agreement.

I give permission for the Education and Employment Sector to make inquiries and receive information in regards to my current and past sources of income, including Employment Insurance, Ministry of Employment and Income Assistance, Band Social Assistance, etc. I also give permission for the Education and Employment Sector to make inquiries and receive information in regards to my present and past educational/training records including transcripts, assessment materials, grades, attendance and conduct.

**Signature:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ***PRIVACY NOTICE:***

#### ***What you need to know about your personal information being collected by the ASETS Agreement holder:***

The personal information you provide is collected and administered under the authority of the *Department of Human Resources and Skills Development Act* and will serve to administer and enforce ASETS program activities. The Social Insurance Number (SIN) is also collected under the authority of the *Department of Human Resources and Skills Development Act* and in accordance with the Treasury Board Secretariat Directive on the SIN which lists *Aboriginal Programs (Human Resources and Skills Development Canada)* as an authorized user of the SIN in Appendix A.

#### ***What you need to know about your personal information being shared with Canada or other third parties:***

The personal information provided by the Ktunaxa Nation ASETS agreement holder for any ASETS program activities to Canada, is administered in accordance with the *Part 4* of the *Department of Human Resources and Skills Development Act* and the *Privacy Act*.

The information provided may be used and/or released by Canada for policy analysis, research and/or evaluation purposes such as to obtain views and opinions on the ASETS through participants surveys as well as to conduct accountability activities such as monitoring and evaluation and, ensure data quality. In order to conduct these activities, various sources of information under the custody and control of Employment and Social Development



Canada (ESDC) may be linked. However, these additional uses and/or releases of personal information will never result in an administrative decision being made about clients.

The SIN will be used for monitoring, assessing, and evaluating the effectiveness of assistance funded by Canada. The SIN will also be used to ensure an individual's exact identification so that contributory earnings can be correctly posted allowing for benefits and entitlement to be accurately calculated.

**For EI Clients:**

For EI clients receiving assistance under ASETS, the Ktunaxa Nation ASETS agreement holder will provide to Canada personal information under its control about each EI client receiving assistance to assist Canada in:

- Verifying clients' eligibility for, or entitlement to, insurance benefits under Part I of the *Employment Insurance Act*.
- Ensuring that EI clients who are active EI claimants continue to receive the insurance benefits to which they are entitled while participating in the program, as per section 25 of the *Employment Insurance Act*.

The Ktunaxa Nation ASETS agreement holder has been designated as a referral authority, as per Section H of the ASETS contribution agreement, to better coordinate the provision of assistance by the Recipient to participants in its programs who are active EI claimants with the payment of insurance benefits.

***How to access your personal information from ESDC:***

You have the right to the protection of, and access to, your personal information. It will be retained in Personal Information Bank HRSDC PPU 101. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following web site address: <http://www.infosource.gc.ca>. For more information, please consult the Info Source website or contact ESDC's Access to Information and Privacy Coordinator at: 819-654-6972.

***How to access your personal information from the Ktunaxa ASETS agreement holder:***

You have the right to the protection of, and access to, your personal information. If you wish to access your personal information at any time please contact the Manager of Education and Employment at the Ktunaxa Nation Council at: 250-489-2464.

***CONSENT & RELEASE***

I, undersigned, confirm that I have read and understood the above privacy notice, or that it has been explained to me, and agree to the collection, exchange and release of my personal information, collected from or about me, for the purposes mentioned above.

I understand why I've been asked to disclose my personal information and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my information. I understand that I may revoke this consent in writing at any time.

**Signature:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 17. Grants

1. Applications for grants will be accepted for consideration from persons eligible for funding.
2. Applications for Grants will **only** be considered for:
  - a. Necessary equipment, tools or personal gear required for a **new** employment opportunity; or
  - b. Tuition, books and supplies for educational purposes that is in line with their Individual Training Plan (ITP).
3. No cash will be given directly to the client.
4. The grant application form shall be used.
5. Grants for employment purposes require a letter from the individual's employer confirming that the requested items are necessary for the employment opportunity.
6. Grants for educational purposes require documentation from an Employment Counsellor from the Education and Employment Sector verifying that the ITP has been initiated and the request is in line with their ITP and long-term career goal.
7. Grants shall not exceed \$1,000.00 per individual per year.
8. Original receipts and transcripts/grades must be submitted.

# Grant Application

<b>NAME</b>	<b>SIN</b>
<b>Address</b>	<b>Phone</b>
	<input type="checkbox"/> <b>Applying for Educational Grant</b>
	<input type="checkbox"/> <b>Applying for Employment Grant</b>
<b>Postal Code</b>	<b>Date</b>

**Are you a Canadian Citizen**     Yes     No

**Are you First Nations**     Yes     No     Status     Non Status

**Are you currently**     employed     unemployed

**Are you currently receiving or eligible to receive EI benefits?**     Yes     No

**Have you had an EI Maternity or Parental leave claim that was established within the past 5 years?**     Yes     No

**Are you receiving Social Assistance**     Yes     No     on reserve     off reserve

**Start date:** \_\_\_\_\_  
MM/DD/YY

**End date:** \_\_\_\_\_  
MM/DD/YY

**Have you applied for assistance from the following:**

**Social Assistance:** result \_\_\_\_\_

**Other:** result \_\_\_\_\_

**Why are you applying for this assistance?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How will this assistance help you?** \_\_\_\_\_

\_\_\_\_\_

**If approved how can the purchase(s) be used for future opportunities?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If applying for educational purposes, have you initiated the ITP Process?**

Yes     No    If yes, with who \_\_\_\_\_

How will this assist you with your career goal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applying for employment purposes, you are required to submit a letter from your employer identifying the employment opportunity and that the items requested on this application are absolutely required. Have you included a letter from your employer?  Yes  
 No

Applying for assistance for: (please specify item and amount)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(Maximum \$1,000.00)	TOTAL \$ _____

I \_\_\_\_\_ declare that the information provided above is true to the best of my knowledge. I acknowledge that I submitted the above grant application to the Ktunaxa Nation Education & Employment Sector. I understand that if my application is approved, I will be required to sign an agreement.

Further, I understand that as per the Policy and Procedures, if I do not complete the program for reasons deemed unacceptable I will not be eligible for subsequent funding.

In signing this application, I give my permission for the Education and Employment Sector to make inquiries and receive information in regards to my current and past sources of income including Employment Insurance, Income Assistance through the Ministry of Employment and Income Assistance, Band Social Assistance, Canada Student Loan, etc. as well as educational/training institutions and programs in regards to past educational/training records including transcripts, grades, attendance and conduct.

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

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The information provided may be used and/or released by Canada for policy analysis, research and/or evaluation purposes such as to obtain views and opinions on the ASETS through participants surveys as well as to conduct accountability activities such as monitoring and evaluation and, ensure data quality. In order to conduct these activities, various sources of information under the custody and control of Employment and Social Development Canada (ESDC) may be linked. However, these additional uses and/or releases of personal information will never result in an administrative decision being made about clients.

The SIN will be used for monitoring, assessing, and evaluating the effectiveness of assistance funded by Canada. The SIN will also be used to ensure an individual's exact identification so that contributory earnings can be correctly posted allowing for benefits and entitlement to be accurately calculated.

#### **For EI Clients:**

For EI clients receiving assistance under ASETS, the Ktunaxa Nation ASETS agreement holder will provide to Canada personal information under its control about each EI client receiving assistance to assist Canada in:

- Verifying clients' eligibility for, or entitlement to, insurance benefits under Part I of the *Employment Insurance Act*.
- Ensuring that EI clients who are active EI claimants continue to receive the insurance benefits to which they are entitled while participating in the program, as per section 25 of the *Employment Insurance Act*.

The Ktunaxa Nation ASETS agreement holder has been designated as a referral authority, as per Section H of the ASETS contribution agreement, to better coordinate the provision of assistance by the Recipient to participants in its programs who are active EI claimants with the payment of insurance benefits.

### ***How to access your personal information from ESDC:***

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**CONSENT & RELEASE**

I, undersigned, confirm that I have read and understood the above privacy notice, or that it has been explained to me, and agree to the collection, exchange and release of my personal information, collected from or about me, for the purposes mentioned above.

I understand why I've been asked to disclose my personal information and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my information. I understand that I may revoke this consent in writing at any time.

**Signature:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **18. Self-Created Summer Employment Program**

Applications will be accepted from students who are at least 15 years of age and who have been in full-time attendance over the past academic year and are returning to full-time studies. Applications may be considered from students who were not in full-time attendance, provided that supporting documentation is attached (such as an Individual Education Plan, Disability, young parents, etc.).

Students are responsible for finding their own summer employment that is in line with their course of study or career interests. Students are encouraged to initiate an Individual Training Plan (ITP). The Ktunaxa Nation Education and Employment Sector is available to assist student with ITP's and approaching host employers for potential opportunities.

The self-created summer employment wage will be based on a maximum of the current minimum wage, up to 35 hours per week.

Students must be legally eligible to work in Canada/BC and must possess a social insurance number prior to the start date. No funds will be released without a Social Insurance Number.

# SELF-CREATED SUMMER STUDENT APPLICATION FORM

(Must be completed in full)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City

Postal Code

Phone Number: \_\_\_\_\_ Message Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_

Currently in Grade: \_\_\_\_\_ at \_\_\_\_\_ School

First Nations Affiliation : \_\_\_\_\_ Band Number: \_\_\_\_\_

Band or Nation

(Please note: You may be required to provide verification of your First Nations heritage)

What skills, knowledge and experience will you gain from this employment opportunity?

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Please explain why you are submitting an application to assist with funding your employment opportunity?

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What efforts have you made to secure other summer employment opportunities?

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How will this summer employment opportunity provide you the best opportunity? Why did you choose this place of employment?

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**What is your career goal?** \_\_\_\_\_

\_\_\_\_\_

**How did you determine this goal?** \_\_\_\_\_

\_\_\_\_\_

**Have you begun your Individual Training Plan (ITP)?** \_\_\_\_\_

\_\_\_\_\_

**Will this summer employment opportunity provide you with practical experience towards your course of study or ITP?** \_\_\_\_\_

\_\_\_\_\_

**How** \_\_\_\_\_

\_\_\_\_\_

## **Workplan:**

**This should identify what the activities each week, what is hoped to be achieved, who will provide supervision and training, etc.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Supervisor(s): \_\_\_\_\_

**BUDGET:**

WAGES (\$8.00/Hour X _____ hours/week X _____ <input type="text" value="A"/> weeks) \$	_____
HOLIDAY PAY ( <input type="text" value="A"/> X 4%)	<input type="text" value="B"/> \$ _____
SUBTOTAL ( <input type="text" value="A"/> + <input type="text" value="B"/> )	<input type="text" value="C"/> \$ _____
EI ( <input type="text" value="C"/> x 2.42%)	<input type="text" value="D"/> \$ _____
CPP ( <input type="text" value="C"/> x 4.95%)	<input type="text" value="E"/> \$ _____
WCB ( <input type="text" value="C"/> x _____%)	<input type="text" value="F"/> \$ _____
OVERHEAD (maximum of \$100.00)	<input type="text" value="G"/> \$ _____
TOTAL ( <input type="text" value="C"/> + <input type="text" value="D"/> <input type="text" value="E"/> <input type="text" value="F"/> <input type="text" value="G"/> + )	\$ _____

I \_\_\_\_\_ declare that the information provided above is true to the best of my knowledge. I understand that if my application is approved, I will be required to sign an agreement.

Furthermore, I understand that as per the Policy and Procedures, if I do not complete the program for reasons deemed unacceptable I will not be eligible for subsequent funding.

In signing this application, I give my permission for the Education and Employment Sector to make inquiries and receive information in regards to my current and past sources of income including Employment Insurance, Income Assistance through the Ministry of Employment and Income Assistance, Band Social Assistance, Canada Student Loan, etc. as well as educational/training institutions and programs in regards to past educational/training records including transcripts, grades, attendance and conduct.

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

## **PRIVACY NOTICE:**

### ***What you need to know about your personal information being collected by the ASETS Agreement holder:***

The personal information you provide is collected and administered under the authority of the *Department of Human Resources and Skills Development Act* and will serve to administer and enforce ASETS program activities. The Social Insurance Number (SIN) is also collected under the authority of the *Department of Human Resources and Skills Development Act* and in accordance with the Treasury Board Secretariat Directive on the SIN which lists *Aboriginal Programs (Human Resources and Skills Development Canada)* as an authorized user of the SIN in Appendix A.

### ***What you need to know about your personal information being shared with Canada or other third parties:***

The personal information provided by the Ktunaxa Nation ASETS agreement holder for any ASETS program activities to Canada, is administered in accordance with the *Part 4* of the *Department of Human Resources and Skills Development Act* and the *Privacy Act*.

The information provided may be used and/or released by Canada for policy analysis, research and/or evaluation purposes such as to obtain views and opinions on the ASETS through participants surveys as well as to conduct accountability activities such as monitoring and evaluation and, ensure data quality. In order to conduct these activities, various sources of information under the custody and control of Employment and Social Development Canada (ESDC) may be linked. However, these additional uses and/or releases of personal information will never result in an administrative decision being made about clients.

The SIN will be used for monitoring, assessing, and evaluating the effectiveness of assistance funded by Canada. The SIN will also be used to ensure an individual's exact identification so that contributory earnings can be correctly posted allowing for benefits and entitlement to be accurately calculated.

### **For EI Clients:**

For EI clients receiving assistance under ASETS, the Ktunaxa Nation ASETS agreement holder will provide to Canada personal information under its control about each EI client receiving assistance to assist Canada in:

- Verifying clients' eligibility for, or entitlement to, insurance benefits under Part I of the *Employment Insurance Act*.
- Ensuring that EI clients who are active EI claimants continue to receive the insurance benefits to which they are entitled while participating in the program, as per section 25 of the *Employment Insurance Act*.

The Ktunaxa Nation ASETS agreement holder has been designated as a referral authority, as per Section H of the ASETS contribution agreement, to better coordinate the provision of assistance by the Recipient to participants in its programs who are active EI claimants with the payment of insurance benefits.

### ***How to access your personal information from ESDC:***

You have the right to the protection of, and access to, your personal information. It will be retained in Personal Information Bank HRSDC PPU 101. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following web site address: <http://www.infosource.gc.ca>. For more information, please consult the Info Source website or contact ESDC's Access to Information and Privacy Coordinator at: 819-654-6972.

### ***How to access your personal information from the Ktunaxa ASETS agreement holder:***

You have the right to the protection of, and access to, your personal information. If you wish to access your personal information at any time please contact the Manager of Education and Employment at the Ktunaxa Nation Council at: 250-489-2464.

## **CONSENT & RELEASE**

I, undersigned, confirm that I have read and understood the above privacy notice, or that it has been explained to me, and agree to the collection, exchange and release of my personal information, collected from or about me, for the purposes mentioned above.

I understand why I've been asked to disclose my personal information and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my information. I understand that I may revoke this consent in writing at any time.

**Signature:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your application must include:**

- A one-page cover letter from you explaining what this experience may provide you, what you hope to gain from this experience and how this opportunity is in line with your course of study and/or ITP;
- A letter from your school stating that you were in full-time attendance over the last year and that you achieved reasonable effort and attendance over the past year;
- A letter from the school you will be attending, indicating that you are registered in full-time studies for September;
- A letter from the host employer's Manager/Board/Council (BCR) stating that they are prepared to employ you under this program as detailed in this application; and
- A current resume.

**Deadline for applications is the last Friday in May**

Completed applications can be mailed to or faxed to the attention of Education & Employment Sector:  
7825 Mission Road                      Fax: (250) 489-2438  
Cranbrook, BC V1C 7E5

If you would like help completing this application or seeking a host employer, please call Education & Employment Sector Staff at (250) 489-2464 or 1-888-480-2464.

## 19. SUPPORT SERVICES FUND

Individuals who have an immediate employment opportunity but require something specific in order to secure that employment opportunity may apply to the Support Services Fund. The Support Services Fund, previously referred to as the Discretionary Fund, must fit the following criteria:

- Requires immediate assistance in order to secure an employment opportunity;
- Requires tools/equipment/safety gear for immediate employment;
- Can provide proof that they have applied to other resources, such as Social Assistance or Band, and been denied;
- Cannot apply to the regular Program due to time constraints;
- Has not used the program within the last year.

The Support Services Fund can only be accessed once per year per individual and may not be used for those clients returning to seasonal employment. This fund may not be used to replenish equipment to return to seasonal employment.

All applications must include Documentation to support your application confirming that they have an employment opportunity, the start date, and the supplies and/or equipment that is required. (This can be in the form of a letter from employer, which is preferred or can be verified by a Ktunaxa Nation Council Education and Employment Sector Case Manager who has confirmed with the employer the employment opportunity, the start date and what supplies and/or equipment that is required).

Applications can be reviewed for consideration within one working day. The Support Services Fund has limited funds available and is on a first come, first serve basis.

# Support Services Fund Application

Name: _____	SIN#: _____
Address: _____	Date of Birth (M/D/Y): ____ / ____ / ____
Mailing Address: _____	Telephone #: _____
_____	Message #: _____
Postal Code: _____	Today's Date: _____

Are you a Canadian Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you first Nations? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Status \_\_\_\_\_ Non Status  
Do you currently reside on a reserve? \_\_\_\_\_ If yes, specify reserve: \_\_\_\_\_  
Band of origin: \_\_\_\_\_ Band Number: \_\_\_\_\_  
How long have you lived in this area? \_\_\_\_\_ Years \_\_\_\_\_ Months  
Are you currently: \_\_\_\_\_ employed \_\_\_\_\_ unemployed  
Are you currently receiving or eligible to receive EI benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you had an EI Maternity or Parental claim that was established with the past 5 years?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you applied for assistance from the following:

- Social Assistance: result \_\_\_\_\_
- Other: result \_\_\_\_\_

Applying for assistance for: (please specify item and amount)

\_\_\_\_\_ Amount requested \$ \_\_\_\_\_  
\_\_\_\_\_ Amount requested \$ \_\_\_\_\_  
\_\_\_\_\_ Amount requested \$ \_\_\_\_\_  
Total amount requested \$ \_\_\_\_\_

Why are you applying for this assistance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documentation must be provided to support your application for assistance confirming that they have an employment opportunity, the start date, and the supplies and/or equipment that is required. (This can be in the form of a letter from employer, which is preferred or can be verified by a Ktunaxa Nation Council Education and Employment Sector Case Manager who has confirmed with the employer the employment opportunity, the start date and what supplies and/or equipment that is required).

I \_\_\_\_\_ declare that the information provided above is true to the best of my knowledge. I understand that if my application is approved, I will be required to sign an agreement.

Furthermore, I understand that as per the Policy and Procedures, if I do not complete the program for reasons deemed unacceptable I will not be eligible for subsequent funding.

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**Signature:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_

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