Shooniyaa Wa-Biitong

Training and Employment Centre for the Treaty #3 Area

Main Office:
580 Lakeview Drive
P.O. Box 2909
Kenora, ON P9N 3X8
Reception: 1-800-545-5113, ext. 221

Eastern Area Office:
1459 Idylwild Drive
Site 206-53, R.R. #2
Fort Frances, ON P9A 3M3
Reception: 1-800-545-5113, ext. 260

Application for Individual Employment Supports (Fast Track)

Section A: Participant Information

Full Name:	*(Official Use Only)* *File No.*

Completed and attached Participant Information Form? ☐ Yes ☐ No

If additional space is needed for any question on this application, applicants are welcome to attach additional pages.

Section B: Employment Goals

Name of Occupation for Requested Supports: _____

State your employment goals and how this assistance will benefit you:

Have you requested funding from other agencies for this program? ☐ Yes ☐ No

If yes, please state the agency and outcome: _____

Section C: Program Information

(Complete this section if for financial assistance to participate in a course) ☐ N/A

Course Name:	Name of Training Delivery Agency:	Attendance: ☐ Full-Time ☐ Part-Time

Location of Activity:	Distance from residence to training site: *(in km)*
Program Duration: _____ (MM / DD / YY) to _____ (MM / DD / YY)	No. of Weeks: _____ No. of Days per Week: _____ No. of Hours per Week: _____ Total Course Hours: _____

A program / training acceptance letter will be attached and submitted with my application: ☐ Yes ☐ No ☐ N/A

The program outline and projected costs will be attached and submitted with my application: ☐ Yes ☐ No

Program Financial Requirements:

Course Costs (i.e. Workshop fees, tuition, etc.)	$
Material Costs (i.e. books, required program materials, personal protective equipment)	$
Other:	$
TOTAL COST TO ATTEND TRAINING COURSE:	$

Section D: Travel Assistance

(Complete this section if you are applying for one-time-only travel assistance) ☐ N/A

Attached Letter of Confirmation of Employment from Employer and/or Proof of Enrollment: ☐ Confirmation of Employment ☐ N/A ☐ Proof of Enrollment ☐ N/A

Departure Date: _____ (MM / DD / YY)	**Return Date:** _____ (MM / DD / YY)

Reason for Request:

Quotes for Travel:

Air: _____ Private: _____ Public: _____ Other: _____

Section E: Special Employment Supports *(Complete this section if applying for Special Employment Supports)* ☐ N/A	
Type of Assistance Required:	☐ NORCAT Online Training and Resume Builders ☐ Employer Required Documentation *(specify)*: _____ ☐ Attached Employer Letter ☐ Industry Recognized Training *(specify)*: _____ ☐ Attached Employer Letter or Job Posting/Ad ☐ Workplace Tools (less than $200.00) *(specify)*: _____ ☐ Attached Employer Letter and Quote ☐ Workplace Attire *(specify)*: _____ ☐ Attached Employer Letter and Quote ☐ Other: _____ ☐ Attached Employer Letter (if applicable)
Reason for Request / Additional Information:	

I certify that the information in this application is accurate and true to the best of my knowledge. If funding is approved, I will adhere to Shooniyaa Wa-Biitong program policy guidelines. Failure to do so or knowingly providing false information will result in funding (if approved) being revoked.

_____ _____

Client Signature *Date*

Shooniyaa Wa-Biitong is committed to respecting your privacy and protecting your personal information. This document and the information in it are provided in confidence, for the sole purpose of Shooniyaa Wa-Biitong, and may not be disclosed to any third party or used for any other purpose without the express written purpose of the participant.

Please provide additional supporting documentation as required to support your application.

Please allow up to 5 business days from the date we receive your application for a final decision.

For Official Use Only:		
Client File No.	Client ARMS ID No.	Program Officer:
Notes:		Date Received: