

**SHOONIYAA WA-BIITONG – APPLICATION FOR PARTICIPANT EMPLOYMENT SUPPORTS  
PLEASE ATTACH COMPLETED AND SIGNED CLIENT INFORMATION AND CONSENT FORM**

**Section A – Employment Goals** – State your employment goals and how this assistance helps you.

\_\_\_\_\_

Have you requested funding for this program from any other agency?     Yes     No  
 If yes, please provide name of agency and the outcome:  
 \_\_\_\_\_

**Section B – Training Information** *(Complete this section if you are applying for financial assistance to participate in a course)*

<b>Attached Acceptance Letter</b> ➔	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<b>Duration of Activity</b> ➔	_____ to _____ MM    DD    YY                      MM    DD    YY
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Name of Training Delivery Agency: (Attach course outline and costs)	Attendance: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Number of Days per week: Number of Hours per week:
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Course Title:	Location of Activity:	Number of kms from residence to training site:
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<b>Financial Requirements</b> ➔	Course Cost: \$ _____	Books/Materials: \$ _____	Other: \$ _____
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Explanation of Other Costs: _____	<b>TOTAL COST TO ATTEND TRAINING COURSE:</b> \$ _____
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**Section C – Travel Assistance** *(Complete this section if you are applying for one time only travel assistance)*

<b>Attached Letter of Confirmation of Employment from Employer</b> ➔	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of Travel</b> ➔	_____ to _____ MM    DD    YY                      MM    DD    YY
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Reason for request:	Quotes for Travel:	Air: _____ Private: _____ Public: _____ Other: _____
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**Section D – Special Employment Supports** *(Complete this section if you are applying for Special Employment Supports)*

<b>Type of Assistance Required</b> ➔	<input type="checkbox"/> NORCAT On-line Training and Resume Builders    Employment Goal/Job Ad/Employer Letter <input type="checkbox"/> Employer required documentation: _____ Employment Goal/Job Ad/Employer Letter <input type="checkbox"/> Industry Recognized Training: _____ Employment Goal/Job Ad/Employer Letter <input type="checkbox"/> Workplace Tools (less than \$200): _____ Attach Employer Letter and Quote <input type="checkbox"/> Workplace Attire _____ Attach Employer Letter and Quote <input type="checkbox"/> Other (Explanation): _____ Attach Employer Letter (if applicable)
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I certify that the above information is accurate and true to the best of my knowledge. If funding is approved, I will adhere to Shoonyaa Wa-Biitong program policy guidelines. Failure to do so or knowingly providing false information will result in funding (if approved) being revoked.

Participant's Signature: A signature is not required at this time if submitting form electronically.	Date:
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*Shoonyaa 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 Shoonyaa 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 allow up to 5 business days from the date we receive your application for a final decision.**

