



Training & Economic Development ASETS Skills Development Application Form

Surname:	Given Name and Initials:	Social Insurance Number:
Address:	Phone Number:	
	Band Number:	
E-Mail Address:	DOB: _____(D) _____(M) _____(Y)	
Name of Primary/Secondary School Attended:	Province in which Education was completed:	Year Completed:
Name of Post Secondary Institute Attended:	Location of Institute:	Year Attended/Completed:

1) Have you received Training Support from:

- _____ TEDD (Training & Economic Development/MHR)
- _____ Human Resource Development Canada
- _____ Any Other Post Secondary Support Program
- _____ Human Resources, Labour and Employment

a) If YES was it in the last five (5) years: _____ Yes _____ No

b) How many years ago was it? _____

c) Have you been seeking employment in the field in which you were previously trained?
_____ Yes _____ No

(i) If you answered YES to the question above (c) then you MUST provide proof of contact names and contact information from the employers you contacted.

(ii) If you answered NO to question (c) please explain further as to why you were not actively seeking employment in your field: _____

Labor Market Information:

- 1) Have you completed the Labour Market Guide as part of this application?
- 2) a) Is the training you are seeking funding for listed as a "Demand" in today's current labour market?
_____ Yes _____ No
(Please provide proof of what area/region the trade is listed in as a high demand) Labour Market Research
 - (i) Is this an area in which you are planning to seek employment in upon program completion?
_____ Yes _____ No
 - b) Are you NOW actively seeking employment? _____ Yes _____ No (Please provide proof)
 - c) Do you have an employer that has committed to hiring you upon completion of your training?
_____ Yes _____ No (Please provide proof – letter from employer)

Program Information:

What type of Institution are you attending?

_____ Private _____ Public _____ University

Course:

Name of Institution:

Tuition: \$ _____ Per Semester Year

Books: \$ _____ Per Semester Year

Mandatory Fees: \$ _____ Per Semester Year

Please note that mandatory fees does not include **Health& Dental** and **Bus Passes** those fees are **NOT** covered by our program.

Total Cost: \$ _____ Per Semester Year

Program Duration:

a) _____ Length of Program in years/months b) _____ Years of Study Completed

c) _____ Current year of study



Please provide a **COMPLETE PROGRAM COST BREAKDOWN FORM** from your school along with this application.

Additional Information:

1) Are you currently in receipt of E.I. Benefits: _____ Yes _____ No

a) What is your weekly rate: \$ _____

b) E.I. Expiry date: _____ (D) _____ (M) _____ (Y)

All Applicants MUST provide proof of current or past E.I. Benefits. This info can be obtained directly from Service Canada’s Website by creating or logging into your own Service Canada Account. If you require assistance in doing this, please contact our office.

2) Are you employed full time?

_____ Yes _____ No

3) a) Are you employed part time?

_____ Yes _____ No

If you answered “Yes” to working please answer the following:

Weekly Hours Worked _____ Wage per Hour \$ _____

4) Have you received E.I. Benefits in the past three (3) years? _____ Yes _____ No

If yes then you must still provide proof by obtaining it from your local Service Canada Office.

5) If none of the previous questions are applicable, are you in receipt of Social Assistance?

_____ Yes _____ No

6) a) Do you have a “Disability”? (Ex. Physical challenge or a learning disability etc.)

_____ Yes _____ No

b) If you have selected YES, what type of Disability do you have? Please explain:
Additional Information may be required.

Please note that “DISTANCE” education will ONLY be available to individuals with Disabilities who are unable to physically attend school. In this case, clients must contact our office and provide additional information.

7) If eligible, MHR may provide travel assistance at the beginning of your program and at the end. Will you require assistance?

_____ Yes _____ No

8) a) In addition, TEDD offers negotiated Child Care assistance for those who qualify, will you require this assistance?

_____ Yes _____ No

b) If YES, how much are you normally required to pay for Child Care per week?

_____ Yes _____ No

c) Please indicate the number of dependants you have along with their band registration number.

Please note that a monthly detailed receipt will be required to be submitted to our office from your child's caretaker.

Employment Goals:

1) a) What employment goals have you set for yourself?

b) What skills do you feel you have that may assist you in obtaining your employment goals?

I declare that the information and answers given by me on this application form are true to the best of my knowledge. I understand that this information may be used to determine eligibility for sponsorship.

Signature:

Date:

For Office use Only:

Date Received: _____ Date ARMS Documented: _____

E.I. Active: YES NO Reach back: YES NO

Application Approved: : YES NO

Please forward all applications to:

Training & Economic Development
P.O. Box 10
Conne River NL
A0H 1J0

Telephone: (709) 882-1272 Fax: (709) 882-2401 E-Mail : ojoe@mhrnl.com Website Address: www.mhrnl.com