



WATER & WASTEWATER OPERATOR TRAINING Funding Application Form

PERSONAL INFORMATION:

First Name: _____

Middle Names: _____

Last Name: _____

Social Insurance Number: _____

Date of Birth: _____ / _____ / _____
Month Day Year

First Nation/Band Name: _____

Treaty Number: _____

Do you have Drivers License? Yes _____ No _____

If yes, what class number? _____ Expiry date _____

Prov. Issued _____

HOME ADDRESS:

Street Address or PO Box _____

City Province Postal Code

CONTACT INFORMATION:

Home Phone: _____

Cell Phone: _____

Email: _____

Who referred you to Water & Wastewater Operator Training Program?

EDUCATION INFORMATION:

Do you currently have one of the following?

- High School Diploma
- General Equivalency Diploma (GED)

Year Completed: _____

School/Training Institute: _____

City: _____ Province: _____

Post-Secondary Education: _____

Year Completed: _____

School/Training Institute: _____

City: _____ Province: _____

Program Course: _____

ALL APPLICATIONS & COPIES OF HIGH SCHOOL TRANSCRIPTS MUST BE EMAILED TO FOLLOWING:

Jocelyn Verreault, YTC Registrar & Department Head of Science & Technology

jocelyn.verreault@ytcad.ca

Yvette Alexis, YTDF ISETS Manager

Yvette.alexis@ytcadmin.ca

CERTIFICATES:

Do you currently have any of the following Safety Tickets:

- First Aid, Level _____
- WHIMIS
- H2S
- Confined Space
- Ground Disturbance
- Transportation of Dangerous Goods (TDG)
- Construction Safety Training System (CSTS)
- Fall Protection

TRADES:

Do you have a Trade? Yes _____ No _____

Are you indentured as an apprentice? Yes _____ No _____

Years of Experience: _____

Trade Name: _____

Training Institute: _____

Completed – Level/Year: _____

Have you taken Pre-Trades Programs? Yes _____ No _____

Training Institute: _____

CURRENT INCOME INFORMATION:

- Unemployed
- Employed (Full-Time _____ Part-Time _____)
Name of Employer: _____
Dept: _____
- Student Finance
- Income Support
- Receiving Employment Insurance Benefits
- Receiving Workers Compensation Benefits
- Receiving AISH
- Other _____

Have you received Employment Insurance (EI) Benefits within the past 3 Years?

Yes _____ No _____

Are you in the process of applying for EI Benefits?

Yes _____ No _____

Do you consider yourself to be a Person with a Disability?

Yes _____ No _____

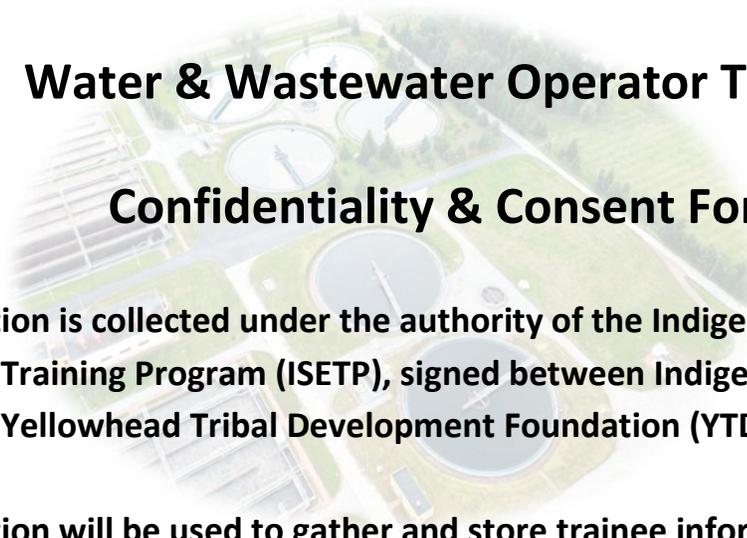
Specify: _____

MARITAL STATUS:

- Single with no dependents
- Single Parent
- Separated / Divorced
- Married/Common-law employed Spouse
- Married/Common-law dependent Spouse

DEPENDENTS:

How many dependent children do you have residing with you?
Please list age of each child:



Water & Wastewater Operator Trainee

Confidentiality & Consent Form

This information is collected under the authority of the Indigenous Skills and Employment Training Program (ISETP), signed between Indigenous Services Canada (ISC) and the Yellowhead Tribal Development Foundation (YTDF – ISETS program).

This information will be used to gather and store trainee information to determine entitlement to programs, services and/or funding that may be available through YTDF-ISETP, sub-agreement First Nations, and its partners. Therefore, this information may also be shared with partners in program and service delivery ISETP Sub-Agreement holders, and Service Canada. The Privacy Act of Canada restricts any sharing of personal data unless written permission is first obtained from the client. By signing this application form, authorization is given to YTDF-ISETP to share only information that is required by partners in program and service delivery, other ISETP holders and Indigenous Services Canada.

As a trainee, you have access to information (under the Access to Information Act) that YTDF-ISETP maintains, and the trainee may request to see it, upon one day's written notice of such a request. Be reminded that YTDF-ISETP is merely a custodian of the information gathered on trainees and that all information is the sole property of the YTDF-ISETP its First Nations Sub-agreement holders and Indigenous Services Canada. The trainee is not entitled to take possession of their file but may request to see, and or update therein.

I, the undersigned, have read and understand the 'Water & Wastewater Funding Application Form' including the advice on trainee confidentiality. To the best of my knowledge, the information I have provided is correct and complete. I will advise YTDF-ISETP of any changes within 48 hours. I understand that this information shall be considered as part of any application for funding.

Trainee / Applicant's Name: _____
(Print)

Trainee / Applicant's Signature: _____

Date: _____
(YYYY/MM/DD)