Native Women's Association of Canada

L'Association des femmes autochtones du Canada

CONFIDENTIAL *(When completed)*

Submit completed application by email to (ISET@nwac.ca). *The information submitted is used to determine your eligibility for funding under the ISET program.*

Applicants to NWAC's ISET program are required to complete this Application and **attach the following documents: (Status/Treaty card + 1 other Government-issued ID); completed Financial Overview document; signed Client Consent for EI Verification; signed Self-Declaration; Letter of Acceptance; Band Denial Letter.** Additional supporting documentation will be requested upon receipt of your application.

Your information will be kept confidential in accordance with Canadian privacy laws upon submission. Your personal information will not be used or disclosed for purposes other than those for which it was collected.

APPLICANT DETAILS	
Social Insurance Number (SIN):	Title: ☐ Ms. ☐ Mrs. ☐ Miss ☐ Mx.
Last Name:	First Name:
Middle Name(s)/Initials:	Preferred Name: *(if applicable):*

CONTACT INFORMATION		
Apt. or Box #:	Street Address:	
City:	Province:	Postal Code:
Mailing Address (*if different than above*):		
Daytime Phone #:	Alternate Phone #:	Email Address:
Emergency Contact Name:	Emergency Contact Phone #:	Relationship to Applicant:

Gender: ☐ Female ☐ Gender Diverse	Date of Birth:	Year:	Month:	Day:

Indigenous Group: ☐ Status First Nation ☐ Non-status First Nation ☐ Métis ☐ Inuit

First Nation/Inuit/Metis Number:	Home Community:
Other than Indigenous do you belong to a visible minority group? ☐ No ☐ Yes	Preferred Language:

Marital Status: ☐ Married or equivalent ☐ Single ☐ Separated ☐ Divorced ☐ Widowed
If married or equivalent, spouse's name:

Dependent Children: ☐ No ☐ Yes

If yes, p*lease list ages of children:*

Do you consider yourself to have a disability? ☐ No ☐ Yes, please specify:

Are you currently receiving Social Assistance?	☐ No ☐ Yes	If yes, what is your allowable 'top-up' (*if applicable*)? $

Labour Force Attachment:	☐ Unemployed ☐ Under-employed	☐ Employed Full-time ☐ Employed Part-time	☐ Self-Employed ☐ Student	☐ Other

EDUCATION

Education: (*select all that apply*)

☐ No formal education	Year Completed:
☐ Up to Grade 7-8 (Secondaire I-II)	Year Completed:
☐ Grade 9-10 (Secondaire. III)	Year Completed:
☐ Grade 11-12 (Secondaire IV-V)	Year Completed:
☐ Secondary School Diploma or GED	Year Completed:
☐ Some post-secondary training	Year Completed:
☐ Apprenticeship/ trades certificate or diploma	Year Completed:
☐ CEGEP or other non-university certificate/diploma	Year Completed:
☐ College or other non-university certificate/diploma	Year Completed:
☐ University certificate or diploma	Year Completed:
☐ University - Bachelor Degree	Year Completed:
☐ University - Masters degree	Year Completed:
☐ University – Doctorate	Year Completed:

Year and Province/Territory in which highest level of education was attained:

EMPLOYMENT GOALS

What is your long-term employment goal?

What barriers are you facing in terms of reaching your employment goal? (*select all that apply*):

☐ Education   ☐ Funding   ☐ Lack of Job Opportunities   ☐ Location (remote community)
☐ Other (*please specify*):

If you have already identified a training/educational program or employer, please select an option:

☐ Skills Development (Education)   ☐ Targeted Wage Subsidy   ☐ Job Creation Partnership

What financial supports are you requesting to assist in reaching your employment goals?

☐ Tuition   ☐ Books/Program Materials   ☐ Living Allowance   ☐ Transportation
☐ Other (please specify):

Childcare: (*Is a childcare subsidy being requested)*:   ☐ No   ☐ Yes

Childcare Funded: (*Support currently received*)	☐ Not applicable ☐ FNICCI ☐ Assisted by family	☐ EI/CRF ☐ No funding received ☐ Self-funded	☐ Provincial funding/subsidy ☐ Daycare not available

Are you currently receiving any other funding sources (Band funding, student loans, grants, etc.):
☐ No   ☐ Yes   If yes, please specify program and amount: