



# Métis Skills Employment Centre

## Application for Training/ Apprentices/ Construction Career Registry

Class requested: CORE \_\_\_\_\_ Carpentry Level \_\_\_\_\_ Other \_\_\_\_\_ Start Date: yy/mm/dd \_\_\_\_\_

Surname:		Given Name(s):	
Address		Postal Code	
Phone		Cell or messages	
DOB	SIN	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status
In case of emergency		Relation to you	
Are you registered with an Aboriginal employment agency <input type="checkbox"/> Yes <input type="checkbox"/> No		Aboriginal <input type="checkbox"/> Métis <input type="checkbox"/> FN <input type="checkbox"/> Inuit	
Name of agency:		Case Manager:	

Are you legally eligible to work in Canada?  Yes  No Is your age between 15 and 64?  Yes  No

Number of dependants \_\_\_\_\_ Do you have a resume?  Yes  No

Do you have a disability or health condition that may interfere with your ability to work?  Yes  No Please be specific on condition and any supports required as this affects your training:

### Education

Do you have a BC Dogwood, GED or equivalent  Yes  No Last school attended  Secondary  College  Univ.

What trade(s) are you interested in pursuing?

What are your career plans / goals in construction trades/ construction related employment?

### Previous Trade/ Technical Related Course(s):

Course(s) or Program	University/ College/ Tech	Location	Attended



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## Special Certificates

H2S  Yes  No      Dangerous Goods  Yes  No      First Aid  Yes  No      Driver license  Yes  No  No

WHIMIS  Yes  No      Other \_\_\_\_\_      Other \_\_\_\_\_      Other \_\_\_\_\_

Do you have a reliable vehicle for transportation  Yes  No, If No then do you have transportation for the training period? \_\_\_\_\_

## Previous Experience/ Employment

Business	# of weeks	# of hrs / week	Start and end date	Trade related work experience

## Career Research Information or other information

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## Work References

Name: \_\_\_\_\_ Contact information: \_\_\_\_\_

Name: \_\_\_\_\_ Contact information: \_\_\_\_\_

Name: \_\_\_\_\_ Contact information: \_\_\_\_\_

### Client Declaration and Release

We need your permission to share relevant information about you with other organizations involved with your application. This information will be used to support your application for training assistance and will also be used to help the MNBC/ MSEC with programs and reports. **This information is kept confidential**, And shall abide by the provisions of the *Privacy Act*.

Please ask the staff for help if you are unclear about any part of this form.

- I hereby declare that all of the information provided to the **MSEC** is true, correct and complete in every respect and that it is subject to verification by the **MSEC** and its representatives.
- I have read, understand and will comply with the rules and regulations of the MSEC.
- I agree that information may be shared with other involved organizations, training institutions and government agencies involved in my application for training.
- I declare that I have read, understand and agree to the terms and conditions as described in the training support documents that I have signed.
- I acknowledge that in the event that I do not comply with any of the following requirements I may be expelled from or denied training by the **MSEC**:

- I may be required reimburse the **MSEC** for training costs incurred on my behalf should I leave the MSEC or fail to attend with a regularity as determined by **MSEC policy**.
- I will supply originals of all requested documents, receipts for reimbursement, marks, and training related documentation, to the **MSEC**.
- I will honour the **MSEC** 's training follow-up request after the completion of my training.
- I am responsible for all training expenses incurred in excess of the agreed upon amount. In all cases, the **MSEC** will not be held responsible for any expenses not agreed to prior to the expense being incurred.
- I will allow my image to be used by MNBC for reporting, marketing and promotion of the MSEC
- I understand that all benefits may be subject to taxation.
- I will immediately report any change of residence, telephone or other contact information to the **MSEC**.
- I understand that I am subject to legal action in the event that I make false statements or neglect to provide the **MSEC** with any information that materially affects my entitlement to training subsidies or my ability to benefit from Employment Insurance.
- I will save the **MSEC**, its employees, volunteers, agents and heirs, harmless from and against all claims, losses, damages, costs and expenses related to any injury or death of a person or loss or damage to property caused in relation to this training initiative.
- I affirm that all necessary liability and life insurance will be maintained by me for the duration of the training period, when required.

This authorization remains in effect for the duration of my request for training.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MSEC Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only**

<b>Course</b>				

