



ENAADMAAGEHJIK
o/a Wikwemikong Development Commission
WII-NI N'GUCH-TOOD
Labour Market Services

SSEP / **YOUTH FOCUS /**
 PROJECTS/ **TWS**

Name: _____ Application Date: _____

Employer: _____ Training Provider: _____

Start date: _____ End Date: _____

Note: LMS staff authorized to add or note non applicable forms relevant for each program.

- | | |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Updated Resume | <input type="checkbox"/> 5. Conflict of Interest form-LDM008 |
| <input type="checkbox"/> 2. Copy of status card (front & back) | <input type="checkbox"/> 6. Photo Release-LDM012 |
| <input type="checkbox"/> 3. Client Registration form LDM002 | <input type="checkbox"/> 7. Academic Transcripts (if applicable) |
| <input type="checkbox"/> 4. Data Disclosure-LDM003 | <input type="checkbox"/> 8. Documentation from funding Agency
Verifying academic sponsorship for 2019/20 |

ALL FORMS ARE SIGNED AND COMPLETED

Employer Portion

- | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Application form | <input type="checkbox"/> Revenue Canada |
| <input type="checkbox"/> Detailed Training Plan (except SSEP & Youth Focus) | <input type="checkbox"/> WSIB or Insurance Coverage (attach letter with rate) |
| <input type="checkbox"/> E.I. Verification form - (if applicable) | <input type="checkbox"/> Job Description |
| <input type="checkbox"/> Other: | |

LDM Staff only:

Initial ARMS input – Intake Yes No

Approval input – ETO Yes No

Is the client compliant? Yes No

Is the client an apprentice? Yes No

If yes: Trade: _____ Apprenticeship Intake form LDM016B

Notes:

WII-NI N GUCH TOOD L.M.S. (WLMS)
APPLICATION PROCESS AND REQUIREMENTS
for the SUMMER STUDENT EMPLOYMENT PROGRAM (SSEP)
for POST SECONDARY STUDENTS

APPLICATION PROCESS

➡ Direct initial summer employment inquiries to Employment Training Officer (E.T.O) for training viability and funding determination.

N.B.The Wii-ni n guch-tood L.M.S. can provide a wage subsidy up to a maximum of \$14.00 per hour. Top-up contributions by the Employer are encouraged. The summer career placement opportunity should be related to the student's field of study, and the maximum duration is usually 16 weeks. The student will have been attending school on a full-time basis for the 2018-2019 academic school year and be returning to school on a full-time basis for the 2019-2020 academic school year to be eligible for the SSEP funding.

➡ Employment Training Officer will provide the necessary information for the employer's and the client's completion.

➡ Employment Training Officer will review funding request to ensure compliance of documentation requirements before submitting recommendations to the WLMS Manager for approval.

➡ Employment Training Officer will forward Letter of Approval to applicant specifying funding amounts for summer placement.

➡ Employment Training Officer will prepare and forward contract for signing.

➡ Employment Training Officer will requisition up to a 40% release of the total contract value on receipt of signed contracts (hard copy plus duplicate).

➡ Employment Training Officer will advise applicant of financial (payment claim forms) and training activity (narrative reports) requirements to coincide with period being claimed (monthly basis according to cashflow).

➡ Employment Training Officer will advise applicant of the final reporting requirements by **TRAINER** and **TRAINEE**.

➡ Employment Training Officer will stress the importance of reviewing contract for acknowledgment of **EMPLOYER/SPONSOR** responsibilities.

EMPLOYER REQUIREMENTS	CHECK BOX	CLIENT REQUIREMENTS	CHECK BOX
<i>Complete signed</i> Application Form with Revenue Canada and WSIB (Account & Firm) numbers. Please specify percentage rates for Benefits and WSIB on the application form.		Client Consent to Data Disclosure Form	
		Client Registration Form	
Job Description		Resume (up-to-date)	
Fulfillment of previous training projects and contract obligations with the WLMS.		Copy of Status Card (front and back)	
		Copy of Academic Transcripts for 2018-2019 (mid-terms acceptable on an interim basis)	
		Documentation from funding agency verifying academic sponsorship terms for 2019-2020 (i.e., confirmation of application for continuing/new student)	

SHOULD YOU HAVE ANY QUESTIONS CONCERNING THE APPLICATION PROCESS OR THE TRAINING REQUIREMENTS, PLEASE CALL WLMS OFFICE



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WII-NI N'GUCH-TOOD
Labour Market Services

Client Consent to Data Disclosure

I authorize an ongoing exchange of information between the Wii-ni n'guch-tood L.M.S. and

- a) Service Canada (Human Resource Development Canada);
- b) Wiwemikong Unceded Indian Reserve (band administration/payroll/Ontario Works) and related departments;
- c) Wiwemikong Board of Education/Counsellor;
- d) Training Institution/College;
- d) Social Assistance/Caseworker;
- e) Other (please list): _____

This information exchange relates to my application for assistance with employment services and training programs associated with the Wii-ni n'guch-tood. I realize this information will be used only as an aid in vocational guidance and for verification of Employment Insurance (E.I.) and other eligibility requirements.

For Statistical purposes the trainee agrees to update Wii-ni n'guch-tood LMS on employment status 12 months upon completion of intervention. Trainees can either mail/telephone/fax information to: Enaadmaagehjik (Wiwemikong Development Commission) 2102 Wiwemikong Way, Wiwemikong, ON P0P 2J0 Telephone (705) 859-3001 Fax (705) 859-2000 or Toll free 1-888-801-9422

I also authorize the release of my progress report, final grades and certification to the Wii-ni n'guch-tood L.M.S. staff.

I acknowledge that I have read and received a copy of the Policies and Guidelines for my reference.

CLIENT:

Print Full Name

Signature

Date

Privacy and Access to Information:

Information on this form is collected under the authority of the Employment Insurance Act, and is to be used for the administration of the employment benefit to which you have applied. Completion is voluntary; however, failure to complete this form will result in you not being considered for the employment benefit. The information collected may be shared with the Canada Revenue Agency and/or the Department of Justice for the purposes of administering the Income Tax Act and/or the Family Orders and Agreements Enforcement Assistance Act. The information will also be shared with Social Development Canada to administer the Employment Insurance Act. The information may also be used for policy analysis, research and/or evaluation purposes. In order to conduct these activities, information under the custody and control of Human Resources and Skills Development Canada may be linked. Your personal information is administered in accordance with the Employment Insurance Act and the Privacy Act. This authorization will remain in effect until I give written instruction to cancel the authorization.



Conflict of Interest Form

Are you related directly (i.e. family member) to the Employment Training Officer or Operations Supervisor/Intake Worker and/or staff at Wii-ni n'guch-tood L.M.S.

This acknowledges that even if there is no direct conflict of interest, any potential or perceived conflict of interest is being declared in order to prevent misunderstandings. The Employment Training Officer or Operations Supervisor/Intake Worker acknowledges that the program intervention stated in the contract is based on individual need of the client and is not agreed upon as a result of any relationship between the Employment Training Officer or Operations Supervisor/Intake Worker and the client.

The term "Immediate Family" means:

Spouse (including same sex and opposite sex partners in a legal marriage or a common law relationship), son, daughter, father, mother, brother, sister, stepson or stepdaughter, or a person residing in the same household.

This document recognizes the Declaration of Conflict of Interest between the undersigned and understands and agrees to the terms outlined within.

I declare no Conflict of Interest; if conflict please indicate staff member name below.

Staff Member: _____ Client/Applicant Relationship: _____

 Client Signature

 Date

Employment Training Officer/Operations Supervisor/Intake Worker:

 (Signature)

 Date



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WII-NI N'GUCH-TOOD
Labour Market Services

Photo/Statement Release Form

I hereby grant WII-ni n'guch-tood Labour Market Services (WLMS) to use my photograph and/or any statements made by me in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that the photo and/or statement will become the property of WLMS and will not be returned.

I hereby authorize WLMS to edit, alter, copy, exhibit, publish or distribute this photo and/or statement for purposes of marketing WLMS programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my photograph appears.

I hereby hold harmless and release and discharge WLMS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

- I give permission to WLMS to use my photo in any publications and/or website entries by WII-ni n'guch tood L.M.S.
- I do not wish have my photo used in any publications and/or website entries by WII-ni n'guch tood L.M.S.

(Signature)

(Printed Name and Date)

If the person signing is under age 16, there must be consent by a parent/ guardian as follows: I hereby certify that I am the parent/guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Parent/Guardian's Printed Name and Date)