



Wikwemikong Development Commission o/a
Enaadmaagehjik

Wii-ni n'guch-tood
Labour Market Services (LMS)

Skill Enhancement Guidelines

1.0 Objective

Skill Enhancement is designed to financially assist band members with short-term career specific training that will enhance their skills and/or employability.

1.1 Short Term training

Short-term training is defined as:

- a) Training that is maximum of fifteen (15) days in length or less (training does not have to be in consecutive days, i.e. it can be every other weekend).

2.0 Scope

2.1 Wiikwemikoong Unceded Territory Band Members

The client must provide proof of WUT band membership.

2.2 Non WUT Band Members

If the client is not a registered WUT band member:

- a) Wii-ni n'guch-tood LMS will forward a request for funding to the home LDM of the applicant;
- b) If the home LDM approves the requested amount WLMS will follow the home LDM's contracting procedures;
- c) If the client's home LDM does not approve the request the WLMS will accept the other LDM's decision.

2.3 Non Eligible Clients

WLMS will not fund non-aboriginal clients as funding is designated for Aboriginal people.

3.0 Approval Limits

WLMS will approve Skill Enhancement requests to a maximum of \$1,600.00 for training related costs per year.

3.1 Employed Band Members

WLMS's funding is prioritized for unemployed band members. However, partial assistance may be provided for those band members who are employed. Clients are encouraged to seek co-funding from their employers or other sources.

3.2 Eligible Applications

If the application is incomplete WLMS will notify you within ten (10) business days after application date. If no additional information is submitted within ten (10) business days the application will be closed.

3.3 Ineligible Expenses

Reimbursements will not be approved. Reimbursements are purchases that have been made prior to submitting an application to Wii-ni n'guch-tood LMS.

3.4 Time Frame for Assessment

The minimum duration for proper intake and assessment for a completed application is a minimum of ten (10) business days. A completed application is one that has submitted all required documentation as prescribed in the Application for Skill Enhancement (CKL-LMS-002).

4.0 Applicant Responsibilities

The client must submit within ten (10) business days of completing training:

- a) Receipts of all costs approved in Contribution Agreement;
- b) Completed and signed copies of childcare forms (if applicable);
- c) Copy of marks and/or certificates received from the training institute;
- d) Submit a one page report of training attended (ADMIN-LMS-029);
- e) For statistical purposes the applicant agrees to update the WLMS on their employment status twelve (12) months upon completion of training;
- f) Provide written notification of cancellation or withdrawal from training.

4.1 Client Eligibility for Future Funding

Clients are eligible for Skill Enhancement funding every once a year.

5.0 Compliance

Failure of applicant to fulfil obligations in Section 4 will result in the client being ineligible to access WLMS program funding for a period of three (3) years.



Client Registration Form

Date: _____

Client Identification

Have you ever accessed funding from Wii ni n'guch-tood LMS? Yes No

If Yes, for what purpose: _____ Year: _____

Social Insurance Number:	Last Name:	First Name:	Middle Initial:
Phone Number #1:	Alternate Number:	Email Address:	
Date of Birth: (dd / mm / yy):		Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Language: <input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> Written <input type="checkbox"/> Spoken	
Band Name:		Band Number:	
Address (Place of residence):		Mailing Address (if different):	
City:	Province:	Postal Code:	City: Province: Postal Code:

Status at time of application to determine eligibility for allowance – Check all that apply

Employment:	Residency:	Financial Recipient of:	Family Status:
<input type="checkbox"/> Employed	<input type="checkbox"/> Status	<input type="checkbox"/> Social Assistance	<input type="checkbox"/> Single <input type="checkbox"/> Widowed
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Non-Status	<input type="checkbox"/> Canada Pension Plan	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
<input type="checkbox"/> Full-Time		<input type="checkbox"/> Ontario Disability Support Prg.	<input type="checkbox"/> Married or Equivalent
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> On Reserve	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Number of Dependants _____
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Off Reserve	<input type="checkbox"/> Employment Insurance	Spouse Name: _____
		<input type="checkbox"/> Employed Spouse	
		<input type="checkbox"/> No Income	

Barriers to Employment – Check all that apply

Lack of Labour force attachment Lack of work experience Lack of transportation Remoteness
 Language Education Economic Dependent care Lack of marketable skills
 Physical, emotional, or mental health Drug and Alcohol Other barrier not listed: _____

Service Type (Check one)

<input type="checkbox"/> Course Purchase	<input type="checkbox"/> Pre-registration	<input type="checkbox"/> Self Employment Assistance
<input type="checkbox"/> Mobility Assistance	<input type="checkbox"/> Targeted Wage Subsidy	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Skill Enhancement	<input type="checkbox"/> Post-Sec. Summer Employment	<input type="checkbox"/> Youth Focus
<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Projects	

Training/Employer Information

Training	Provider/Employer:
Training	Title:
Type/Job	
Start Date: _____	End Date: _____
Duration: _____	

Financial Assistance Required

Living Allowance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care: <input type="checkbox"/> Yes <input type="checkbox"/> No
Books:	Tuition:
Other:	

I certify to the best of my knowledge that the above information is accurate and complete and I understand that it may be subject to verification by the Wii ni n'guch-tood or its representatives.

Signature of Client

Date

Signature of LMS Representative

Date



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Wii-ni n'guch-tood
Labour Market Services (LMS)

SKL Application Checklist

Name: _____ Application date: _____

Course/Program: _____ Training Provider: _____

Start date: _____ End date: _____

Note: Wii ni n'guch-tood LMS staff are authorized to add or note non-applicable forms relevant for each program. Note: The minimum duration for proper intake and assessment for a completed application is a minimum of ten (10) business days. (Skills Enhancement guidelines section 3.4)

- | | |
|--|---|
| <input type="checkbox"/> 1. Updated Resume | <input type="checkbox"/> 7. Conflict of Interest form-LMS008 |
| <input type="checkbox"/> 2. Copy of status card (front & back) | <input type="checkbox"/> 8. Photo Release – LMS012 |
| <input type="checkbox"/> 3. Client Registration form LMS002 | <input type="checkbox"/> 9. Direct Deposit Form (if applicable) LMS 014 |
| <input type="checkbox"/> 4. Data Disclosure-LMS003 | <input type="checkbox"/> 10. Birth Certificates of dependant(s) if applicable |
| <input type="checkbox"/> 5. Financial Budget Breakdown/Request | <input type="checkbox"/> 11. If Employed: Employer contribution letter |
| <input type="checkbox"/> 6. Acceptance Letter/Registration | <input type="checkbox"/> 12. ALL FORMS ARE SIGNED AND COMPLETE |

Note: The minimum duration for proper intake and assessment for a completed application is a minimum of ten (10) business days.

LMS Staff only:

If EI client: Authorization form:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	LMDA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARMS input Initia//Approval Intake	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is the client compliant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Applications must be sent to: Administrative Support Worker – Dinah Peltier
Email: administrationlms@wikydevcom.ca Fax: 705-859-2000 Telephone: 705-859-3001

Notes:

Only return the application form and the requested documentation.
Do not return the guidelines. These documents are for your information



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Labour Market Services (LMS)

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) Wikwemikong Unceded Indian Reserve (band administration/payroll/Ontario Works) and related departments;
- c) Wikwemikong Board of Education/Counsellor: _____
- d) Training Institution/College: _____
- e) Social Assistance/Caseworker: _____ Telephone: _____
- f) 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 (Wikwemikong Development Commission) 2102 Wikwemikong Way, Wikwemikong, 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

Note: This form will be kept on file for a period of 12 months from the date of signature.

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.



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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
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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 give my permission to WLMS to use my photo 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)



ENADMAGEHIK
o/a Wiwemikong Development Commission
WII-NI N'GUCH-TOOD
Labour Market Services

Direct Deposit Authorization

Wii-ni n'guch-tood L.M.S. does business with local chartered banks:

TD Canada Trust

Bank of Montreal

Royal Bank of Canada

Personal Information		
Last Name:	First Name:	Initials
Address:		
Telephone: ()		

Direct Deposit Information			Financial Institution Name, Address & Postal Code
Branch No.(5 digits)	Inst. No.(3 digits)	Account No.(7 digits)	
Name(s) of the other Account Holder(s) if a joint account			Telephone Number: ()

To eliminate errors and to ensure your payment is processed in a timely manner, please submit either:

- ❖ A cheque marked 'VOID' or a direct deposit form issued by the Bank

I authorize the Wii-ni n'guch-tood L.M.S. to deposit my training allowance directly into my bank account. I understand that this information is collected in order to register for Direct Deposit service with a Canadian Chartered bank.

I must advise Wii-ni n'guch-tood L.M.S. immediately if I change banks, branches or close my account.

(Printed Name)

(Signature)

(Date)