



ENAADMAAGEHIK
o/a Wikwemikong Development Commission

WII-NI N'GUCH-TOOD
Labour Market Services

Waa-naang-izheyaanh “My Future Career”

APPLICATION PROCESS AND REQUIREMENTS for Post Secondary Summer Student Employment

- Direct initial summer employment inquiries to Employment Training Officer (ETO) for training viability and funding determination.
NOTE: The Wii-ni n guch-tood L.M.S. can provide a wage subsidy up to a maximum of \$16.55 per hour. Top-up contributions by the Employer are encouraged. The summer employment opportunity should be related to the student’s field of study, and the duration is usually 16 weeks. The student will have been attending school on a full-time basis for the 2023-2024 academic school year and be returning to school on a full-time basis for the 2024-2025 academic school year to be eligible for funding.
- ETO will provide the necessary forms for the employer’s and the client’s completion.
- ETO 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 Employer specifying amount approved.
- ETO will prepare and forward contract for signatures.
- ETO will requisition up to a 40% release of the total contract value on receipt of signed contracts.
- ETO will advise applicants of financial (payment claim forms) and training activity (narrative reports) requirements to coincide with period being claimed (monthly basis).
- ETO will advise applicant of the final reporting requirements to be completed by **TRAINER** and **TRAINEE**.
- ETO will review contribution agreement with the **EMPLOYER** to highlight their 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.		Resume (up-to-date)	
		Copy of Status Card (front & back)	
Job Description		Client Registration Form	
Fulfillment of previous training projects and contract obligations with the WLMS.		Client Consent to Data Disclosure Form	
		Copy of Academic Transcripts for 2023-2024 (mid-terms acceptable on an interim basis)	
		Documentation from funding agency verifying academic sponsorship for terms 2024-2025 (i.e., confirmation of application for continuing/new student)	

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

Revised Feb 16, 2024, CWM



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 (10 digits):	
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"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student	<input type="checkbox"/> Status <input type="checkbox"/> Non-Status _____ <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve	<input type="checkbox"/> Social Assistance <input type="checkbox"/> Canada Pension Plan <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Employed Spouse <input type="checkbox"/> No Income <input type="checkbox"/> OSAP	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married or Equivalent <input type="checkbox"/> Number of Dependants _____ Spouse's Name: _____
Highest grade completed: _____ Did you receive a diploma? _____ If yes, what year? _____			

Barriers to Employment – Check ALL that apply

<input type="checkbox"/> Education	<input type="checkbox"/> Lack of Labour force attachment	<input type="checkbox"/> Lack of marketable skills
<input type="checkbox"/> Language	<input type="checkbox"/> Lack of work experience	<input type="checkbox"/> Lack of transportation
<input type="checkbox"/> Economic	<input type="checkbox"/> Dependent care	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Remoteness	<input type="checkbox"/> Physical, emotional, or mental health	<input type="checkbox"/> Other barrier not listed: _____

Service Type (Check one)

<input type="checkbox"/> Course Purchase	<input type="checkbox"/> Pre-registration	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Mobility Assistance	<input type="checkbox"/> Targeted Wage Subsidy	<input type="checkbox"/> Youth Focus
<input type="checkbox"/> Skill Enhancement	<input type="checkbox"/> Projects	<input type="checkbox"/> Waa-naang-izheyaanh (SSEP)
<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Self Employment Assistance	

Training/Employer Information

Training Provider/Employer: _____

Training Type/Job Title: _____

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



Wikwemikong Development Commission o/a
Enaadmaagehjik

Wii-ni n'guch-tood
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: _____ Telephone: _____
- d) Training Institution/College: _____
- e) Social Assistance/Ontario Works/Caseworker: _____ Telephone: _____
- f) Other (please list): _____
- g) Banking Information: Authorization Signature _____

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 POP 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

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.