Wikwemikong Development Commission o/a Enaadmaagehjik
Wii-ni n'guch-tood
Labour Market Services (LMS)

Purchase of Training Guidelines

1.0 Objective

Purchase of Training (POT) funding is designed to assist Wikwemikong Unceded Indian Reserve (WUIR) band members overcome existing or anticipated labour market barriers with training initiatives that improve their employability and self-sufficiency.

2.0 Scope

2.1 Wikwemikong Unceded Indian Reserve (WUIR) Band Members

a) The client must provide their 10-digit Certificate of Indian Status number as proof they are registered (WUIR) band members.

2.2 Non WUIR Band Members

If the client is not a registered WUIR band member:

a) Wii-ni n'guch-tood Labour Market Services (WLMS) will forward a request for funding to the home LDM of the applicant.

2.3 Non-Eligible Clients

a) If the client is not a registered WUIR band member.
b) If client is currently a full-time or part-time student.
c) WLMS does not cover programs that are eligible under the Wiikwemkoong Post Secondary Unit – WBE except for one-year certificate-based programs.

3.0 Approval Limits

WLMS can potentially approve Purchase of Training requests up to a maximum of $30,000.00. Requests greater than $30,000.00 must be approved by the WDC Board.

3.1 Eligible Applications

WLMS's funding is prioritized for unemployed and underemployed band members. WLMS does not fund employed band members, except for:

a) Apprentices who can apply every year (provided it is a continuation of previous training); and/or
b) Band members who can demonstrate themselves to be underemployed and unemployed:
    i) Underemployed for our purposes is defined as "the underutilization of a band member's skills, experience and/or availability to work."
    ii) Unemployed for our purposes is defined as "without work, available to work, and meets specific employment requirements or layoff criteria."

iii) Authorization to Quit for our purposes is defined as “in rare circumstances, the S25A (Level II Authority) may determine that it is the best course of action to counsel a client to leave their employment to participate in an ISET Intervention”. These special circumstances are assessed on a case-by-case basis.

iv) Part-time training funding may be considered for underemployed individuals under special circumstances. These special circumstances are assessed on a case-by-case basis.

3.2 Purchase of Training Requirements

a) Purchase of Training must be one year or less.
b) Purchase of Training must require a minimum of 20 hours per week.
c) Purchase of Training is limited to training fees, training support, and training-related expenses.
d) Purchase of Training must be accredited and/or sanctioned according to provincial ministry standards.
e) Purchase of Training must be career and/or work related – WLMS does not fund first-year non-specific general arts programs.
f) Out-of-province Purchase of Training will be considered under special circumstances.

3.3 Ineligible Expenses

Ineligible expenses include but are not limited to:

a) Emergency funding.
b) Reimbursements (purchases made prior to submitting application to WLMS).
c) Upgraded and/or optional training material/supplies that are not considered compulsory for the Purchase of Training.
d) Absenteeism without third-party professional validation (i.e., doctors, lawyers, social workers, funeral directors, etc.).

3.4 Time Frame for Assessment

The minimum duration for proper intake and assessment of a completed application is a maximum of thirty (30) business days. It is recommended that the client application submission is sixty (60) days prior to training start date. A completed application is one where the client has submitted all required documentation as prescribed in the Application for Purchase of Training Checklist (CKLLMS 003).

4.0 Client Responsibilities

The client is responsible for submitting the following information:

a) Bi-Weekly Attendance, Child Care (if applicable), Travel (if applicable) forms to process bi-weekly payments.
b) Copy of marks and certificates from the training program.
c) Notification of any changes regarding their situation that may affect their ability to complete the training program.
d) Formal written notification of cancellation/withdrawal from the training program.
e) Employment status twelve (12) months after completion of the training program.

4.1 Client Eligibility for Funding

Band members are eligible for Purchase of Training funding once a year (12 consecutive months) prior to the application date. Before a client is eligible for second Purchase of Training, the client must have worked for one year in the field they received training for.

5.0 Compliance

Failure of the client to fulfill obligations under Section 4 will result in the client being ineligible to access WLMS Purchase of Training funding for a period of four (4) years.

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PURCHASE OF TRAINING Checklist

Name: _____ Application Date: _____

Course Program: _____ Training Provider: _____

Start Date: _____ End Date: _____

Deadline for Purchase of Training Applications:

The minimum duration for proper intake and assessment of a completed application is a maximum of thirty (30) business days. It is recommended that the client application submission is sixty (60) days prior to training start date. A completed application is one where the client has submitted all required documentation as prescribed in the Application for Purchase of Training Checklist (CKLLMS 003).

Apprentice: ☐ Yes ☐ No	**Trade:**	**Level:**
Last Institution Attended:		
Duration:		

Apprentices are NOT required to complete #3 of the checklists.

CHECKLIST:

- ☐ 1. UPDATED Resume
- ☐ 2. Copy of status card (front & back)
- ☐ 3. Training Information/Course Outline
- ☐ 4. Acceptance Letter-Training Provider
- ☐ 5. Birth Certificates of dependant(s) (if applicable)
- ☐ 6. Client Registration Forms - LMS002
- ☐ 7. Data Disclosure Form - LMS003
- ☐ 8. Essay/Career Plan - LMS005
- ☐ 9. Conflict of Interest Form - LMS008
- ☐ 10. Photo Release Form - LMS012
- ☐ 11. Direct Deposit Information Form - LMS014
- ☐ **12. ALL FORMS ARE <u>SIGNED</u> AND COMPLETED**

LMS STAFF ONLY:					
LMDA Check	☐ Yes	☐ No	ARMS Input/Approval Intake:	☐ Yes	☐ No
Approval Input – ETO	☐ Yes	☐ No	Is the client compliant?	☐ Yes	☐ No

ALL APPLICATIONS MUST BE SENT TO LMS ADMINISTRATION: **administrationlms@wikydevcom.ca**

TELEPHONE: (705) 859-3001 TOLL-FREE: 1-888-801-9422 FAX: (705) 859-2000

NOTE: Please ensure all forms are fully completed, signed and dated. <u>Failure</u> to do so will delay the intake process.

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CLIENT REGISTRATION FORM

Client Identification

Social Insurance Number:	Last Name:	First Name:	Middle Initial:

Phone Number #1:	Alternate Number:	Email Address:

Date of Birth: (dd / mm / yyyy):	Disability: ☐ Yes ☐ No

Gender: ☐ Male ☐ Female	Language: ☐ English ☐ Other: _____ ☐ Written ☐ 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 – *MUST* check ALL that apply

Employment:	Membership:	Financial Recipient of:	Family Status:
☐ Full-Time	☐ Status	☐ Social Assistance (Ontario Works)	☐ Single
☐ Part-Time	☐ Non-Status	☐ Ontario Disability Support Program	☐ Married or Equivalent
☐ Contract		☐ Canada Pension Plan	☐ Divorced
☐ Seasonal	☐ On Reserve	☐ Workers Compensation	☐ Separated
☐ Self-Employed	☐ Off Reserve	☐ Employment Insurance	☐ Widowed
☐ Unemployed		☐ Employed Spouse	☐ Number of Dependants: _____
☐ Student		☐ WBE Sponsored	Spouse's Name
Highest grade completed: _____		☐ OSAP	_____
Did you receive a diploma? _____		☐ No Income (explanation below):	
If yes, what year? _____		_____	

Barriers to Employment – Check ALL that apply

☐ Education	☐ Lack of Labour force attachment	☐ Lack of marketable skills
☐ Language	☐ Lack of work experience	☐ Lack of transportation
☐ Economic	☐ Dependent care	☐ Substance Abuse
☐ Remoteness	☐ Physical, emotional, or mental health	☐ Barrier(s) not listed: _____

CLIENT REGISTRATION FORM – Page 2

Service Type Requesting (Check ONE)		
☐ Purchase of Training	☐ Pre-registration	☐ Adult Education
☐ Mobility Assistance	☐ Targeted Wage Subsidy	☐ Youth Focus
☐ Skill Enhancement	☐ Projects	☐ Niibing (High School)
☐ Apprenticeship	☐ Self Employment Assistance	☐ Waa-naang-izheyaanh (Post Secondary)

Training OR Employer Information	
Training Provider OR Employer:	
Training Type OR Job Title:	
Training OR Employment Start Date:	End Date:

Financial Assistance Required		
Living Allowance: ☐ Yes ☐ No	Child Care: ☐ Yes ☐ No	☐ Birth Certificate(s) included for Child Care
Training Fees $:	Books:	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 Labour Market Services 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 Labour Market Services and:

a) Service Canada (Human Resource Development Canada); _____

b) Wikwemikong Unceded Indian Reserve (band administration/payroll/Ontario Works) and other related departments; _____

c) Wikwemikong Board of Education/Counsellor: _____

d) Training Institution/Provider: _____ Telephone: _____

e) Social Assistance/Case Worker: _____ Telephone: _____

f) Other (please list): _____ Telephone: _____

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 Labour Market Services 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 Labour Market Services staff.

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

Client: _____ Signature: _____
PRINT NAME

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.

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

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GUIDELINES FOR ESSAY

Essay must be 100-300 words

Must provide the following information:

1. Indicate your program of choice and why?

2. Provide a list of three possible employers.

3. Future plans after graduating/long term goals.

4. Research labour market in your region.

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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, Systems Operations Supervisor, Client Services Lead or Data Support Lead, 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 Systems Operations Supervisor, Client Services Lead or Data Support Lead 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, aunt, uncle, 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, and SIGN.**

Client's Signature: _____ Date: _____

☐ **If there is a conflict, please indicate staff member name below and SIGN.**

Staff Member: _____ Relationship: _____

Client's Signature: _____ Date: _____

_____ _____

LMS Representative's Signature: Date:

Wikwemikong Development Commission o/a Enaadmaagehjik
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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 Labour Market Services.**

☐ **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 Labour Market Services.**

Client:_____ Signature: _____
PRINT NAME

Date: _____

CLIENTS UNDER THE AGE OF SIXTEEN (16) YEARS OF AGE:

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

_____ _____
Parent's Printed Name Parent's Signature

_____
Today's Date

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WII-NI N'GUCH-TOOD
Labour Market Services

Direct Deposit Authorization

Wii-ni n'guch-tood L.M.S. can do deposits locally with the three banks listed below.

☐ TD Canada Trust

☐ Bank of Montreal

Clients with accounts at other banks can have their allowance deposited via Electronic Funds Transfer (EFT). All EFT transactions require an email address associated with your bank account.

Please provide your email address: _____

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

☐ A Direct Deposit Sheet/Pre-authorized Form issued from your financial institution

☐ A cheque marked 'VOID' for chequing accounts

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

_____	_____	_____
Print Name	Signature	Date