



**Gwich'inat Eenjit Gàdatr'igwìjlcheii Gidilii**  
**Gwich'in Tribal Council**  
 Gwich'in Services (Education & Training)

**ABORIGINAL SKILLS EMPLOYMENT TO TRAINING (ASET)**  
**APPLICATION FOR TRAINING FUNDS**

**PERSONAL INFORMATION**

Name:		Date of Birth:	
Beneficiary #	SIN #	Healthcare #	
<input type="checkbox"/> Treaty ____	<input type="checkbox"/> Non-Status	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit <input type="checkbox"/> Other:
Mailing address:			
Community:		Territory/Province:	Postal Code:
Ph:		Fax:	E-mail:
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced			Number of Dependants:
Dependant	Date of Birth	Relationship to You	
		<input type="checkbox"/> Gwich'in <input type="checkbox"/> Inuit	<input type="checkbox"/> Dene <input type="checkbox"/> Other: <input type="checkbox"/> Metis
		<input type="checkbox"/> Gwich'in <input type="checkbox"/> Inuit	<input type="checkbox"/> Dene <input type="checkbox"/> Other: <input type="checkbox"/> Metis
		<input type="checkbox"/> Gwich'in <input type="checkbox"/> Inuit	<input type="checkbox"/> Dene <input type="checkbox"/> Other: <input type="checkbox"/> Metis
		<input type="checkbox"/> Gwich'in <input type="checkbox"/> Inuit	<input type="checkbox"/> Dene <input type="checkbox"/> Other: <input type="checkbox"/> Metis
		<input type="checkbox"/> Gwich'in <input type="checkbox"/> Inuit	<input type="checkbox"/> Dene <input type="checkbox"/> Other: <input type="checkbox"/> Metis

**PROPOSED STUDIES**

Institution:		Location:	
Program:		<input type="checkbox"/> Accepted <input type="checkbox"/> Confirmation Pending	
Start:	End:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Licence <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma
Contact Official:		Ph:	

**FUNDING REQUESTED**

Travel:	Accommodations / Billet:	Name:
Tuition / Fees:	Meals:	Living Allowance:
Other:	Other:	<b>TOTAL:</b>

**CHILDCARE SUBSIDY (for children under 5 years of age)**

Child	Age	Monthly Cost	In-Home Caregiver / Daycare / Preschool

**GTC EDUCATION & TRAINING FINANCIAL ASSISTANCE**

Have you received GTC Education & Training Financial Assistance before? <input type="checkbox"/> No <input type="checkbox"/> Yes ↗		
Institution:		Program:
From:	To:	Funding Received:

Do you have any health or physical issues that may prevent you from participating in work, training, upgrading, job search or employment counselling? <input type="checkbox"/> No <input type="checkbox"/> Yes ↗	
Provide details:	
Do you agree to random drug-testing both prior to entering the program and at any time while accessing the benefits of the ASET program? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Valid Driver's Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Access to Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to relocate for training or employment? <input type="checkbox"/> Yes <input type="checkbox"/> No ↗	
Explain:	
Are there any other reason(s) you would not be able to effectively participate in employment / training activities? <input type="checkbox"/> No <input type="checkbox"/> Yes ↗	
Provide details:	

**ELEMENTARY, SECONDARY AND POST-SECONDARY EDUCATION**

Elementary School:	Community:
Highest Grade Completed:	Year:
High School:	Community:
Highest Grade Completed: <input type="checkbox"/> Matriculation <input type="checkbox"/> General <input type="checkbox"/> GED                      Year:	
Post-Secondary Institution:	Location:



## CAREER PLAN

How will the training enhance your employment opportunities or improve your current employment skills?
What strengths do you have that will help to successfully complete your training?
How long will it take to achieve your career objective (include all training and work experience)?
What have you done to achieve your career objective (include school courses, training received, work experience)?

## CONSENT

*I authorize the GTC Education & Training Department to collect the necessary information required by the Aboriginal Futures Society (AFS) and subsequent funding agencies regarding my training and employment status from the date of the application and twelve (12) months thereafter. I further agree to provide information regarding training and employment over the next twelve (12) months as required by the Aboriginal Skills and Employment Training Strategy (ASETS) I hereby grant the AFS and its related contractors, authorization to utilize the information within this application as part of their reporting requirements. The information within this application will be forwarded to the AFS to be used in regards to the ASET. The AFS will only use this information as part of the ASET and will not release this information to any third-party without my written consent, except in connection with the ASET sponsors and for ASET reporting purposes.*

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Applicant Signature

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Date

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ASET Coordinator

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Date

## MAIL and CONTACT

ASET Coordinator, Education & Training  
Gwich'in Services, Gwich'in Tribal Council  
P.O. Box 1509 Inuvik, NT X0E0T0  
Ph: 867-777-790 Toll-free: 1-866-414-4669 Fax: 867-777-7919  
E-mail: (visit our website) Web: [www.gwichin.nt.ca](http://www.gwichin.nt.ca)

# **CONFIDENTIAL**

## **ASET POST-ACTIVITY PARTICIPATION FOLLOW-UP**

### **Three (3) Months**

Employment / Training Qualities:			
Weeks worked:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Wage Rates:
Occupational Skills (industry, sector, occupational title, certification):			

### **Six (6) Months**

Employment / Training Qualities:			
Weeks worked:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Wage Rates:
Occupational Skills (industry, sector, occupational title, certification):			

### **Nine (9) Months**

Employment / Training Qualities:			
Weeks worked:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Wage Rates:
Occupational Skills (industry, sector, occupational title, certification):			