



WOMEN OF THE SWIFT FLOWING RIVER Cultural Network Incorporated
 Website: www.wsfr-sk.org
 Saskatchewan PTMA of Native Women's Association of Canada (NWAC)

****CONFIDENTIAL (When completed)****
 Submit completed application by email (ISET@wsfr-sk.org)

Applicants to NWAC's ISET program are required to complete this form. All the requested information must be completed with any additional documentation requested, approval from selection committee, and a signed contract received **BEFORE** any funding support can be released. Your information will be kept confidential in accordance with Canadian privacy laws upon completion and submission. The information submitted is used to determine your eligibility for the ISET program, and the funding you may receive.

PERSONAL INFORMATION	
Social Insurance Number (SIN): _____	Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss
Last Name: _____	First Name: _____
Middle Name(s)/Initials: _____	Preferred Name: <i>(if applicable)</i> : _____
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse	Date of Birth: _____ YYYY MM DD
Indigenous Group: <input type="checkbox"/> Status First Nation <input type="checkbox"/> Non-status First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	
First Nation/Inuit/Metis Number: _____	Home Community: _____
Citizenship: _____	Preferred Language: _____
Marital Status: <input type="checkbox"/> Married or equivalent <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <i>If married or equivalent, spouse's name:</i> _____	
Dependent Children: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please list ages of children:</i> _____	

Do you consider yourself to have a disability? No Yes, please specify:

Other than Indigenous do you belong to a visible minority group? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a currently a Social Assistance recipient? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Labour Force Attachment: Unemployed Student Employed Full-time Employed Part-time
 Self-Employed Underemployed Other:

CONTACT INFORMATION

Apt. or Box #: _____	Street Address: _____
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City/Province: _____	Postal Code: _____
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Other Address: Mailing Address Other Address, specify:

Home Phone: _____	Cell Phone: _____
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Alternate Phone: _____	Email: _____
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Emergency Contact Name: _____ Phone #: _____
 Relationship: _____

BUDGET

Are you currently receiving any other funding sources (Band funding, student loans, etc.)?
 No Yes, what program? _____

If married or equivalent, does your spouse have a monthly income?
 No Yes, amount? _____

Please list any other sources of income:

Source	Description	Amount

Have you ever received funds from an NWAC Program?
 No Yes, what program? _____

EDUCATION LEVEL

Education: (Choose all that apply)

No formal education

Up to Grade 7-8 (Secondaire I-II) - Year completed: _____

Grade 9-10 (Secondaire. III) - Year completed: _____

Grade 11-12 (Secondaire IV-V) - Year completed: _____

Secondary School Diploma or GED - Year completed: _____

Some post-secondary training - Year completed: _____

Apprenticeship/ trades certificate or diploma - Year completed: _____

College, CEGEP, or other non-university certificate or diploma - Year completed: _____

University certificate or diploma - Year completed: _____

University - Bachelor Degree - Year completed: _____

University - Masters degree - Year completed: _____

University – Doctorate - Year completed: _____

Province/Territory in which highest level of education & year attained:

EMPLOYMENT GOALS	
What are your short-term employment goals?	

What are your long-term employment goals?	

Are there employment opportunities in your area that match with your employment goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you researched the career field you are interested in to know what is required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your current employment barrier(s)? What do you think is stopping you from having a job now?	

What is required to reach your employment goals? List what you need to do to make your goals a reality.	

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If you have already identified a training program or employer please list the details (e.g. institution/employer, length of training, start date/end date, expected outcome). <i>Please attach your acceptance letter.</i>	

What supports are you looking for? Please list all associated costs (e.g. tuition, books/materials, testing fees etc.)

What supports do you currently have that will help you reach your employment goals? Do you have anyone or anything that will motivate you or help you succeed (e.g. family, elder, counsellor, community organization)?

Are you willing to relocate, if required for training? No Yes, where?

Are you willing to relocate, if required for employment? No Yes, where?

Childcare need: *(Is childcare being requested)* No Yes

Childcare Funded: Not applicable EI/CRF Provincial funding/subsidy
(Support currently received) FNICCI No funding received Daycare not available
 Assisted by family Self-funded

ISET Client Budget Sheet

Monthly Living Allowance Application

Client Name:

Location:

Budget Category

Expense

Rent

Mortgage Payment.

Electricity/Hydro/Water

Telephone

Internet

Food

Transportation (bus, fuel, etc)

Other (Please Specify)

Total Monthly Expenses (A)

Total Monthly Income (Please include spousal income) (B)

Monthly Balance (B minus A)

Childcare Expenses: Yes ___ No ___

Amount:

Number of Children: ___ Ages: ___ ___ ___

PARTICIPANT CONSENT TO RELEASE INFORMATION

I, _____, (Client Name) of _____, SK.Canada, the undersigned give my consent for the Women of the Swift Flowing River ISET Program to release the information contained in this form regarding my participation in an ISET program to Employment and Social Development Canada (ESDC). I acknowledge that the information is collected and administered in accordance with the Privacy Act, the Department of Employment and Social Development Canada Act and the Access to Information Act. Information collected is used to determine eligibility for the ISET program; measure the results of this Agreement and evaluate the Agreement's success; evaluate the success of the Program in achieving its objective; and, meet its obligation of accountability by reporting on the results of the Program and its success in achieving its objectives. I give my consent for the ISET Coordinator to contact other service/funding providers regarding my application and other sources of income. I understand that false information may be grounds for termination of the Native Women's Association of Canada's/ WSFR's financial support.

Participant Signature

Date

