



Tr'ondëk Hwëch'in First Nation
 PO Box 599
 Dawson City, YT Y0B 1G0
 Phone: (867) 993-7100 ext.111
 or Toll Free: 1-877-993-3400 ext. 111
 Fax: (867)993-6553
 E-mail: melissa.atkinson@trondek.ca

SHORT-TERM TRAINING APPLICATION FORM

(For training courses less than 8 weeks in length
OR Part-time courses)

All applications must be submitted at least 2 weeks before the start of the course.

SECTION A: PERSONAL INFORMATION			
First Name	Middle Name	Last Name	
Mailing Address	City	Territory/Province	Postal Code
Phone Number	Alternate Phone Number	E-mail Address	
Date of Birth (M/D/Y)	Social Insurance Number	Gender	Are you a TH citizen?
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marriage Status		Dependents	
<input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Other		1. Name: _____ Age: _____ 2. Name: _____ Age: _____ 3. Name: _____ Age: _____	
Previous Education/Training/Certificates:			
SECTION B: COURSE INFORMATION			
Course Title (1)	Training Provider	Location	
Start Date of Course	End Date of Course	Course Fees	
Brief Description of Course <i>or</i> <input type="checkbox"/> Course Information Attached			
How will this training benefit you or assist you with in your employment needs?			

Course Title (2) – if applicable	Training Provider	Location
Start Date of Course	End Date of Course	Course Fees
Brief Description of Course or <input type="checkbox"/> Course Information Attached		
How will this training benefit you or assist you with in your employment needs?		

SECTION C: EMPLOYMENT STATUS	
1. Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you receiving Social Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently collecting EI Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please request an authorization letter to be sent to Service Canada to allow benefits to be paid while in training)
4. Have you collected EI in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent Work History:	

I declare the information submitted in this application to be true, correct and complete and that the financial assistance sought will be used solely for education or training pursuits. I understand that if I have given any false or misleading information, I will be held liable and obligated to fully repay any funding received. I hereby give permission to the Tr'ondëk Hwëch'in to verify the information and approve access of my school record. I will notify the Tr'ondëk Hwëch'in if I withdraw from my course of studies. If I am unable to attend the training for unforeseen reasons, I will provide a minimum of 24 hours' notice. If I do not complete the studies I have been funded for from Tr'ondëk Hwëch'in I may not be eligible for future funding assistance and will be required to reimburse Tr'ondëk Hwëch'in for the full amount received.

I, _____, give my consent for Tr'ondëk Hwëch'in to release the information contained in this form, and authorize the sharing of information related to training/supports/attendance and outcomes regarding participation in an ASETS program, to the Council of Yukon First Nations and Service Canada.

Student Signature

Date