



Kwanlin Dün First Nation  
 Department of Education and Social Development  
 35 McIntyre Drive  
 Whitehorse, YT Y1A 5A5  
 Phone: (867) 633-8422  
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## INDIGENOUS SKILLS AND EMPLOYMENT TRAINING (ISET) PROGRAM FUNDING REQUISITION

### PART A: APPLICANT INFORMATION

First Name	Middle Name	Last Name	
Preferred Name (optional)		Pronouns (optional)	
Date of Birth  MM/DD/YYYY	Driver's Licence <input type="checkbox"/> Yes <input type="checkbox"/> No	Class	Social Insurance Number (SIN #)
Mailing / Street Address	City / Territory		Postal Code
Phone:		Email:	

### PART B: EDUCATION / TRAINING INFORMATION

HIGHEST LEVEL OF EDUCATION COMPLETED			
<input type="checkbox"/> No formal education	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Apprenticeship or trades	<input type="checkbox"/> University certificate
<input type="checkbox"/> Grade 7 or less	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Certificate (cert.)/dip.	<input type="checkbox"/> University – Bach. Degree
<input type="checkbox"/> Grade 8	<input type="checkbox"/> Grade 12	<input type="checkbox"/> College cert./dip.	<input type="checkbox"/> University – Master's
<input type="checkbox"/> Grade 9	<input type="checkbox"/> Diploma (dip.) or GED Some post-secondary	<input type="checkbox"/> Diploma (dip.) or GED	<input type="checkbox"/> University – Doctorate

### PART C: EMPLOYMENT INSURANCE INFORMATION

Are you currently in receipt of Employment Insurance (EI)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, will you be applying for EI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you <u>completed</u> an EI claim in the past five (5) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you <u>started</u> a maternity/paternity EI claim in the past five (5) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving Social Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### PART D: EMPLOYMENT INFORMATION

CURRENT EMPLOYMENT STATUS	
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Employed part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Casually employed <input type="checkbox"/> Employed on-call	If employed, name of employer    If employed, position

Is this a new position / type of work within the past two years? If not, please explain:	
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<b>PART F: REASON FOR REQUEST</b>	
<input type="checkbox"/> Short-ticket training – (e.g. First Aid, Fall Arrest, Food Safe) <input type="checkbox"/> Skill development (e.g., short-term course, one or two year) <input type="checkbox"/> Upgrading (e.g. college prep) <input type="checkbox"/> Job Creation Program <input type="checkbox"/> Learning supports (e.g. tutoring, adaptive technology) <input type="checkbox"/> Job Coach Funding Supports	<input type="checkbox"/> Wage Subsidy <input type="checkbox"/> PSEP (Post Secondary Employment Program) <input type="checkbox"/> Participant supports (e.g., bus pass, licence fees, supplies required for school, etc.) <input type="checkbox"/> Work Gear <input type="checkbox"/> Other, specify:

<b>PART G: APPROVALS (to be completed by staff)</b>	
Amount of funding request: _____  <input type="checkbox"/> P.O. <input type="checkbox"/> Cheque Req <input type="checkbox"/> Credit Card <input type="checkbox"/> AIS Direct Deposit <input type="checkbox"/> Gift Card	Funding Source: <input type="checkbox"/> CRF <input type="checkbox"/> EI Part I <input type="checkbox"/> EI Part II  ISET Code (1-20): _____  KDFN Finance Code: _____
Details / Rationale:   Program Details:	
KDFN Employee:	
_____ Approval Signature	_____ Date