

Xaxli'p

Employment Skills & Trades APPLICATION

Xaxli'p Settlement Working Group
P.O. Box 1330 Lillooet B.C. V0K 1V0
Tel: (250) 256-4800 Fax: (250) 256-7892
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PO Box 1330

Lillooet, BC V0K 1V0

Phone: 256-4800 Fax (250) 256-7892

Confidential Once Complete

APPLICATION Check-list:

The Deadline for Application:

Applications are to be submitted to the Chief & council Secretary 2 months prior to start of program or courses. Last minute requests will not be accepted.

CHECKLIST(FOR REFERENCE)	
The following must be submitted along with the application forms	✓
Letter of Acceptance by Institution: Letter must include name of program, course outline, start and end dates, program pre-requisites	
Registration: Please forward course registration which lists name of Course(s), & tuition Costs	
Letter of Intent: Explain why you have chosen the trade of your choice and any challenges you face and what steps you will take to overcome these challenges with employment & training plan	
Copy of Completion Certificates from previous programs completed	
Letter from other funding source: Proof that you have applied to other sources prior to submitting application to education department	
**When selecting the program – Is a driver's license a requirement? **	
**When selecting the program – Is a criminal record a requirement? **	
All Sections of Application forms must be completed and Signed	✓
Incomplete applications will not be considered for funding	✓



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Taken from Employment & Trades Policy Section 5.0 Types of Sponsorship:

Criteria for funding eligibility

Supports will be provided to

- Applicants who do not qualify for full or partial funding through other sources (example of other sources: EI, Income Assistance, ATEC Assistance, Post-secondary Funding, etc.)
- Applicants must provide proof that they have applied to other sources prior to submitting application to the education department

Other Funding Sources Checklist:

Organization	Street Address	City	Postal Code	Phone Number	Fax Number	✓
Lillooet Work BC Employment Service Centre	639B Main Street	Lillooet	V0K 1V0	250-256-7758	250-256-7768	<input type="checkbox"/>
North Shore Work BC Employment Service Centre	795 Tranquille Rd.	Kamloops	V2B 3J3	250-377-3670	250-377-3695	<input type="checkbox"/>
South Shore Work BC Employment Services Centre	100-275 Lansdowne St.	Kamloops	V2C 6H6	250-434-9441	250-434-9442	<input type="checkbox"/>
Interior Salish Employment & Training Society (ISETS)	814 Hwy 995	Lillooet	V0K 1V0	250-256-7523	250-256-7119	<input type="checkbox"/>
Aboriginal Training & Employment Centre (ATEC)	144 Briar Ave	North Kamloops	V2C 1C1	250-554-4556	250-554-4573	<input type="checkbox"/>
British Columbia Aboriginal Mentoring & Training Association (BCAMPTA)	274B Halston Connector Road	Kamloops	V2H 1J9	250-314-9959	250-314-9919	<input type="checkbox"/>

Contact information updated August 22, 2014



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APPLICATION (PART A):

Full-time

Part-time

PERSONAL INFORMATION:			
NAME:	SIN:	DATE OF BIRTH : / /	
	BAND NUMBER:		
CURRENT ADDRESS:	CITY/TOWN:	PROVINCE:	POSTAL CODE:
TELEPHONE: - -	EMAIL:		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Common Law		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
No. of Dependents:			
<i>Additional training allowance for dependent children, will only be considered if spouse is unemployed dependent children are living in same residence as the applicant while attending training. Applicant must be under the age of 18. Applicant must provide child tax benefit form with dependent children's names showing.</i>			
Dependent's Name	Age	Band Number	
1.			
2.			
3.			
4.			
5.			



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EMPLOYMENT & TRAINING PLAN (PART B):

Name last program completed:	
Name of funding source:	
Name of program applying for now:	
Total length of program:	Start: End:
Institutional acceptance (Attach Letter): <input type="checkbox"/> Conditional Acceptance <input type="checkbox"/> Final Acceptance	

Below Select the Type and Amount of Financial Support you are requesting from Xaxli'p:		
<input type="checkbox"/> Tuition: \$	<input type="checkbox"/> Application Fee: \$	<input type="checkbox"/> Tests/Exams: \$
<input type="checkbox"/> Registration: \$	<input type="checkbox"/> Medical Exam: \$	<input type="checkbox"/> Practicum: \$
<input type="checkbox"/> Living Allowance: \$	<input type="checkbox"/> Other: \$	
Below Select the Type and Amount of Financial Support you will be receiving from other sources besides Xaxli'p:		
Check box of other sponsors: <input type="checkbox"/> ISETS <input type="checkbox"/> ATEC <input type="checkbox"/> ACCESS <input type="checkbox"/> STEP <input type="checkbox"/> Student Loan <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Tuition: \$	<input type="checkbox"/> Application Fee: \$	<input type="checkbox"/> Tests/Exams: \$
<input type="checkbox"/> Registration: \$	<input type="checkbox"/> Medical Exam: \$	<input type="checkbox"/> Practicum: \$
<input type="checkbox"/> Living Allowance: \$	<input type="checkbox"/> Other: \$	
Will you receive wages from your employer while attending apprenticeship training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you applying for EI benefits or are you currently receiving EI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you applied for income assistance financial support? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide registration number and Apprentice Number below:		
Registration Number		Apprentice Number



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Agreement between Xaxli'p and Applicant

"I have read the Xaxli'p Employment Skills and Trades Policy. I understand its contents and intent and therefore I agree that:

1. I will complete and sign the Xaxli'p Employment Skills and Trades Application for funding and return it to the Xaxli'p Employment & Skills Training Coordinator prior to three weeks in advance of the start date of the program or course.
2. I understand that incomplete applications or missing documents will not be considered for funding.
3. I understand that the Xaxli'p Employment Skills and Trades Policy have set a minimum attendance requirement. Failure to adhere to this requirement may result in suspension of funding.
4. Personal illness, serious illness or death in the immediate family, or incidents over which the applicant has no control, will be accepted as reasons for being absent. Applicant must provide a doctor's note if being absent more than (3) consecutive days.
5. Should I withdraw from or be terminated by the institution, I will pay Xaxli'p the money owed to them within one calendar year from the date of withdrawal or termination of program or course.
6. Until all completion certificates of sponsored courses have been provided to Xaxli'p and all outstanding debts are paid to Xaxli'p, I understand that I will not be eligible for further funding.

Applicant Signature

Date



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Authorization for Financial Consent

I, _____, authorize the release of any and all pertinent financial information to the Xaxli'p in order that they may determine my eligibility for education funding.

This information may be required from such sources as the Ministry of Human Resources offices, student loans, unemployment insurance, social assistance, and any other sources of income.

This consent shall remain in effect for the term of program enrolled in.

I have read, understand and agree to the above.

Applicant Signature

Date

Social Insurance Number

Declaration: I declare that the information I provided in this application are true and complete to the best of my knowledge. I understand that if any of this information is found to be untrue, this application may be rejected.

Signature

Date