

ASETS BACK TO WORK ACTION PLAN



Little Red River Cree Nation

P.O. Box 30 John D'or Prairie, T0H 3X0 Phone: 780 759 - 3912 Facsimile: 780 759 - 3780

Little Red River Cree Nation ASETS (LRRCN) may be able to assist you with taking training to return to work. Our involvement in your training will depend on the likelihood of this training resulting in employment.

Complete all sections and contact the Employment Coordinator with your completed package well in advance of the training start date.

LRRCN cannot approve any training after the training start date.

Incomplete applications and failure to provide the requested information could result in your application being delayed or denied.

Once the Employment Coordinator submits your completed application to LRRCN ASETS Worker it will take a minimum of 4 weeks to process.

Name of Employment Coordinator: _____

Band / Organization: _____

Contact the Employment Coordinator regarding your funding request.

PERSONAL DATA / PARTICIPANT INFORMATION

Name: _____

last
first
initial

SIN: _____ Date of Birth: _____
day
month
year

Address: _____

Telephone #: _____ Message #: _____

Source of Income: *(written confirmation must be provided)*

Employed: _____ Employment Insurance: _____ Federal S/A: _____

Prov S/A: _____ Disability Insurance: _____ Other: _____

Have you received Employment Insurance in the past 3 years? Yes _____ No _____

Have you received maternity or parental benefits in the past 5 years? Yes _____ No _____

Check all that apply:

Male _____ Female _____ Youth (under 25) _____ Over 45 _____

Disabled: Yes _____ No _____ Nature of disability: _____

Status: _____ Non-status: _____ Inuit: _____ Métis: _____ Non First Nations: _____

If status, name of Band/Community: _____

Band number: _____ (first 3 numbers of your status number)

Live on-reserve: _____ off-reserve: _____

Family Status:

Single: _____ Married/Common-law: _____

Number of dependants: _____

Please list dependants' ages: _____

Do you hold a valid Driver's License: Yes _____ No _____

If yes, what class:

1 2 3 4 5 5N 6 7L

Do you have access to transportation? Yes _____ No _____

Have you ever been sponsored by LRRCN in the past? Yes _____ No _____

If yes:

Course: _____ Year completed: _____

Course: _____ Year completed: _____

Highest level of education completed: _____ Year completed: _____

Other training / courses completed:

Course: _____ Year Completed: _____

Course: _____ Year Completed: _____

Course: _____ Year Completed: _____

List any degrees / certificates you have:

WORK HISTORY

1) Present/last employer: _____

First day worked: _____ Last day worked: _____

Job title: _____ Salary \$ _____ per _____

Duties: _____

Reason for leaving: Laid off End of contract Quit Fired Medical Moved

Returned to school Other (explain): _____

2) Present/last employer: _____

First day worked: _____ Last day worked: _____

Job title: _____ Salary \$ _____ per _____

Duties: _____

Reason for leaving: Laid off End of contract Quit Fired Medical Moved

Returned to school Other (explain): _____

3) Present/last employer: _____

First day worked: _____ Last day worked: _____

Job title: _____ Salary \$ _____ per _____

Duties: _____

Reason for leaving: Laid off End of contract Quit Fired Medical Moved

Returned to school Other (explain): _____

List hobbies, volunteer work, or other experience you may have that relates to your chosen career goals?

TRAINING/PROGRAM INFORMATION & EMPLOYMENT ACTION PLAN

Please answer the following questions:

1) What training are you interested in taking?

2) What is the name of the training school or agency?

3) If the training agency is outside of High Level, please provide address.

4) What is the length of the course/program?

Start Date: _____

End Date: _____

5) How many hours of class per week?

6) Have you applied to your Band or another agency for funding?

Yes _____ No _____

7) If yes, who have you applied to and what was the outcome? (please list)

Name of Band/organization: _____

Outcome _____

Name of Band/organization: _____

Outcome _____

Name of Band/organization: _____

Outcome _____

8) What is preventing you from finding work? (ie., lack of experience, training)

9) What skills do you have right now?

10) What is your long-term employment goal?

11) Explain how this training will make you more employable.

12) You have determined that training is needed to achieve your employment goal. What steps do you need to take to achieve this goal?

13) In addition to the steps above, please explain why you have selected this occupation and how this occupation will fit the current and future labour market.

14) Explain why you selected this training program and this institution (if available, please provide supporting documents/information)

OCCUPATIONAL & PERSONAL RESEARCH

When making a career decision, it is necessary to consider all factors of the chosen career against your personal needs, likes, and dislikes. The purpose of this research is to assist you in making an informed career decision. The investment of your time and effort is worthwhile, considering the amount of time and money you may be investing to achieve this goal.

Interview at least 1 employee and 2 employers in the field of your choice; complete the following:

Occupation you are interested in: _____

Employer Interviews

1) *Name of Company:* _____

Person interviewed: _____ Title: _____

a) Are there jobs available for this type of occupation?

Yes _____ No _____

b) What type of training is needed for this occupation?

c) What is the starting wage for this occupation? \$ _____ per hour

2) *Name of Company:* _____

Person interviewed: _____ Title: _____

a) Are there jobs available for this type of occupation?

Yes _____ No _____

b) What type of training is needed for this occupation?

c) What is the starting wage for this occupation? \$ _____ per hour

Employee Interview

Name of Company: _____

Person interviewed: _____ Title: _____

a) Are there jobs available for this type of occupation?

Yes _____ No _____

b) What type of training is needed for this occupation?

c) What is the starting wage for this occupation? \$ _____ per hour

INFORMATION FROM TRAINING INSTITUTE

If you have an acceptance letter, and program outline from the training institute (please attach copy), this form does not need to be completed.

Name of Training Institute: _____

Address: _____

Telephone: _____

Contact person: _____

Position: _____

Start Date: _____

End Date: _____

Course Costs:

Tuition: \$ _____ Books: \$ _____ Other: \$ _____

Other: (please explain) _____

This is to confirm that the above client meets the entrance requirements for the above mentioned course:

Yes _____ No _____

Has been accepted into the above course:

Yes _____ No _____

If the acceptance is conditional, please explain. If it is conditional due to certain entrance requirements being met, please list:

Other comments:

I commit to this Action Plan on the basis that it is realistic and likely to result in my obtaining long-term employment. I understand that I am responsible for making it work and that I am investing in myself and my future. I acknowledge that I have been informed that my entitlement to further funding/sponsorship could be affected if I commit to a Return to Work Action Plan and I do not follow through with it.

I will advise LRRCN ASETS of any changes in the above written information. Changes to entitlement of allowances and/or employment may be shared with the authorities providing and/or sponsoring my training or providing financial assistance.

I state that the information given above is true, correct, and complete to the best of my knowledge.

I hereby authorize the Release and/or Exchange of all pertinent information regarding funding, sponsorship, address, attendance, progress/grades, admission, transcripts, and any other information that may pertain to my eligibility for programs or services to the Little Red River Cree Nation ASETS and/or its' service providers

I am aware that any photos taken may be used for the reporting purposes of the LRRCN ASETS.

Client name (please print)

Client signature

Date

Employment Coordinator Name

Employment Coordinator signature

Date

For Office Use Only:

Application Complete: Yes No

EC Assessment/Recommendations Attached: Yes No

Approved Denied

Contact4 entered

CDW Comments / Recommendations:

CDW (print)

CDW signature

Date

ACTION PLAN SUMMARY
To be completed by Employment Coordinator

Client Name: _____

History: _____

Constraint Statement: _____

Interventions/Activities: _____

Funding Recommendations: _____

Rationale: _____

Submitted by: _____

Employment Coordinator

Date

The Action Plan Summary (client assessment) must be fully completed and attached.