



ASETS Program Short Course Funding Request

APPLICATION INFORMATION:	Name:	Birth Date: (Month/Day/Year)
	Address:	Email:
	Phone Number:	SIN:
	Original Status: <i>(Treaty Status, on-Status, Inuit, Non-Aboriginal)</i>	Residency: <i>(e.g.: Reside on/off reserve)</i>
	Legal Name:	Treaty Number:
	Marital Status:	Number of Dependent Children:

EMPLOYMENT INFORMATION:	Employed	Receiving EI Benefits	Social Assistance Recipient
	Unemployed	Worker's Compensation	AISH Recipient
	Have you received EI Benefits within the last three years?		
	Have you received Maternity or Paternity Benefits within the past five years?		
	Do you consider yourself to be a person with a disability?		
If your answered yes, please explain the disability:			

COURSE INFORMATION:	COURSE NAME:	DATE OF COURSE:	TIME OF COURSE:	COURSE COST:

Total cost for all courses: \$ _____

Training Center:	Phone Number:
Address:	Fax Number:

I request to attend the above scheduled short course/courses. I am aware that Aboriginal Skills and Employment Training Strategy (ASETS) provide funding for short courses pertaining to skill enhancement relevant to my employment. I agree that once ASETS program has provided funding for a particular scheduled course, should I fail to attend or give sufficient notice (minimum of 5 days); I will not request further funding, as this is a one-time funding fee. I also agree to cover any costs (i.e. supplies, equipment or rentals) incurred over and above the scheduled fees. I also agree to pay my own cost if I fail to contact the Agency and ASETS Program if I am unable to attend any scheduled course/courses.

Client Signature

Today's Date--Month/Day/Year

Contact: Rosalynn Goodswimmer at (780) 524-5901 or 5904
Fax Number: (780) 524- 2391

