



# Skeena Native Development

## Short-Term Certificate Training Funding Criteria

Certificate training must provide new skills to the individual to enable the client to enter, re-enter or remain in the workforce. Sponsorship will only be considered for certificate training at a training institute that is accredited with the Province of BC.

### **Application Submission:**

- Complete the *Participant Information Form*
- Sign the *Assumption of Risk, Release of Claims and Indemnity Form*
- Complete and Sign the *Release of Information Form*
- Provide proof of registration into the course
- Provide a Course Outline from the training institute, which includes start and end dates and course costs\*\*
- Copy of Resume

Funds cannot be released until applicants have discussed their course selection with our Job Coach (phone consultations are easily arranged) and all required forms and documents have been submitted. Therefore, it is advantageous to complete application requirements well in advance of course start date (at least 1-2 weeks prior). Please discuss any issues related to the application process with our office.

**\*\*IMPORTANT: if you are attending Northwest Community College (NWCC) please complete NWCC's Funded Student Information Form CE1, details regarding this form can be obtained at the Registrar's Office.**

### **Note:**

- Out of Province or Country Training applications are not considered and you must live in our service area.
- SNDS does not provide living allowance or childcare expenses.
- **Funding is NEVER guaranteed, and will only be awarded based on merit and available budget.**



# Skeena Native Development Participant Information Form

**The information requested in this form will be used by S.N.D.S. for the following purposes:**

1. Determining the eligibility of the undersigned (The "Applicant") for resources, services and funding offered by S.N.D.S.;
2. Assessing the Employment Assistance Needs of the applicant and determining the appropriate intervention; and/or
3. Promoting the resources, services and funding offered by S.N.D.S., which may include the publication of the Applicant's name, age, the program in which the Applicant participated and the progress or success achieved by the Applicant in the program.

**Part 1: Applicant Personal Information (please complete in Blue Pen)**

Last Name _____		Sex (circle one)	M	F
First and Middle Name _____		Month _____	Day _____	Year _____
( ) _____	( ) _____	Date of Birth _____		
Home Phone _____	Work Phone _____	Social Insurance Number _____		
Address _____		Do you currently live on-reserve or off-reserve?		
City, Province, _____		<input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve		
Postal Code: _____		Do you have any Disabilities or Special Needs?		
What is your First Nations Ancestry? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please describe:		
Name of First Nations Village? _____		_____		
If receiving any of these benefits, please indicate:				
<input type="checkbox"/> Federal Social Assistance <input type="checkbox"/> Provincial Social Assistance <input type="checkbox"/> E.I. Benefits <input type="checkbox"/> Band Funding				
Please indicate your current Employment Status:				
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed				
Did you Achieve your Dogwood Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year: _____		
If not, what Grade level did you complete? _____		School: _____		
Have you previously been approved for S.N.D.S. programs? If so, please explain: _____				

**Part 2: Sponsoring Employer or Organization**

Name of Business or Organization _____	( ) _____ Telephone Number
Address _____	Email Address _____
City, Province, Postal Code _____	Business Owner(s) _____
City, Province, Postal Code _____	Business Owner(s) _____



# Skeena Native Development Participant Information Form

## Part 3: Statement by Applicant

The Applicant:

1. Certifies that the information contained herein is true, accurate and complete;
2. Agrees to inform SNDS of any material change in the Applicant's financial circumstances; and
3. Acknowledges that he/she is aware that the Applicant will receive a T4A slip for any financial assistance paid by SNDS in excess of \$500.00 and that it is the Applicant's responsibility to obtain a receipt of payment for the sponsored amounts from the recipient institution for the Applicant's Income tax purposes

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Part 4 – Consent to S.N.D.S. and Canada Sharing Information

The Applicant agrees and consents to SNDS sharing the information contained in this form with Human Resources and Skills Development Canada and Ministry of Society Development and Economic Security (collectively referred to as "Canada") and **All stakeholders**, for the purpose of enabling Canada:

1. to verify the Applicant's eligibility for, or entitlement to employment insurance benefits;
2. to monitor, assess and evaluate the effectiveness of the assistance provided with funding from Canada; and/or
3. to evaluate the results of all programs.

Any information provided to Canada is protected under Canada's *Privacy Act* and that the Applicant has a right under the *Privacy Act* to obtain access to that information from Canada.

The Applicant further agrees and consents to Canada sharing with SNDS the information that Canada has on the Applicant for the purposes of enabling SNDS to determine the Applicant's eligibility for resources, services and funding offered by SNDS, assessing the employment assistance needs of the Applicant and/or determining the appropriate intervention.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved (SNDS)

\_\_\_\_\_  
Date



# Skeena Native Development

## Assumption of Risk, Release of Claims and Indemnity

1. The undersigned (the "Participant") assumes all risk of personal injury, death or property loss resulting from his/her participation in \_\_\_\_\_ (the "Program") offered by SNDS.
2. The Participant agrees that SNDS shall not be liable for any injury, death or property loss arising from the Participant's participation in the Program and does hereby for himself/herself, his/her heirs, executors, administrators, successors and assigns remise, release and forever discharge SNDS, and its officers, employees, servants, agents, contractors, successors and assigns, and each of them (collectively the "Releasee"), of and from any and all actions, causes of action, claims, suits or demands in respect thereto and waives all actions, causes of action, claims, suits and demands against the Releasee in respect thereto.
3. If the release and waiver provided by the Participant pursuant to paragraph 2 above is held to be unenforceable or invalid in respect of any action, cause of action, claim, suit or demand purported to be released or waived by the Participant, the release and waiver provided for in paragraph 2 shall be construed to exclude such action, cause of action, claim, suit or demand, and subject to the foregoing exclusion, paragraph 2 will not be affected.
4. The Participant shall indemnify and save harmless the Releasee from any cause of action, loss, cost or damage that the Releasee may incur or suffer, directly or indirectly, as a result of the Participant's participation in the Program.

**IN WITNESS WHEREOF** the Participant has executed this Assumption of Risk, Release of Claims and Indemnity as of the day and year first set out above:

**EXECUTED** in the presence of:

\_\_\_\_\_  
(signature of witness)

Print Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(signature of Participant)

Print Name: \_\_\_\_\_

\_\_\_\_\_



# Skeena Native Development

## Assumption of Risk, Release of Claims and Indemnity -Parent/Guardian-

To be provided by a parent or guardian or the Participant if the Participant is under the age of 19 at the time of signing the Assumption of Risk, Release of Claims and Indemnity:

1. I am the parent or legal guardian of \_\_\_\_\_  
(the "Participant"). I consent to the Participant participating in the \_\_\_\_\_  
\_\_\_\_\_ (the "Program").
2. I agree that SNDS shall not be liable for any injury, death or property loss arising from the Participant's participation in the Program and I hereby for myself, my heirs, executors, administrators, successors and assigns remise, release and forever discharge SNDS, and its officers, employees, servants, agents, contractors, successors and assigns, and each of them (collectively the "Releasee"), of and from any and all actions, causes of action, claims, suits or demands in respect thereto and waives all actions, causes of action, claims, suits and demands against the Releasee in respect thereto.
3. If the release and waiver provided by the undersigned pursuant to paragraph 2 above is held to be unenforceable or invalid in respect of any action, cause of action, claim, suit or demand purported to be released or waived by the undersigned, the release and waiver provided for in paragraph 2 shall be construed to exclude such action, cause of action, claim, suit or demand, and subject to the foregoing exclusion, paragraph 2 will not be affected.

\_\_\_\_\_  
(Parent/Guardian's Signature)

Print

Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Date)



# Skeena Native Development

## Waiver: Release of Information Form

PO Box 418 Terrace, BC V8G 4B1  
Toll Free: 1.800.721.1333  
Local: 250.635.1500 Fax: 250.635.1414  
**www.snds.bc.ca**

Skeena Native Development Society requires your written permission to access any and all information regarding your training from the institute you are currently attending or have attended as part of the funding arrangement you have made with Skeena Native Development. All training applicants are required to inform Skeena Native Development of their progress at any time, failure to comply with the open sharing of this information will jeopardize the funding supplied by Skeena Native Development.

<b>First Name</b>	<b>Last Name</b>
<b>Mailing Address</b>	
<b>Phone Number</b>	<b>Alternate Phone Number</b>
<b>Email Address</b>	

I hereby authorize Skeena Native Development Society to access information

regarding my training at \_\_\_\_\_  
(name of training institute)

I understand the collection of information may include course and registration information, tuition and fees, progress reports, credentials and other details as required by Skeena Native Development.

I understand this information is only intended for use by Skeena Native Development and will not be shared further with any other third party.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

*This information is collected under the authority of section 26 (c) of British Columbia's Freedom of Information and Privacy Act*