



# Skeena Native Development

Astral Media Aboriginal Broadcast  
Journalism Studies Scholarship & Intern Program

## **-Program Overview-**

This program will provide two successful First Nation applicants per year with a complete tuition entrance scholarship toward a two-year broadcasting or journalism studies diploma at the British Columbia Institute of Technology (BCIT). This program will include a six-month internship at the television news operation of CFTK TV Terrace, giving students invaluable professional experience.

Applicants must apply to this program through Skeena Native Development and meet entrance requirements for BCIT in order to participate in this program.

### **Your application must include:**

- Completed *Participant Information Form*
- Signed *Assumption of Risk, Release of Claims and Indemnity Form*
- Completed *Occupational Research*
- Completed *Trades Apprenticeship Questionnaire*
- Most recent Transcripts
- Current Resume
- *Letter of Request* outlining your career goals and demonstrating how this opportunity will help you to reach your goal

Applicants will be required to meet with our Job Development Coach and write a TOWES exam.

### **BCIT Broadcast & Media Communication Entrance Requirements:**

- High School Graduation
- English 12 or English Language Proficiency

Applicants will be required to write an entrance exam and submit a short essay (additional details can be found at [www.bcit.ca](http://www.bcit.ca)). Prospective applicants are expected to have a high level of **proficiency in oral and written English.**

**Proficiency in keyboarding and applied computer skills is essential for program success.** Previous studies in political science, history, psychology, business, law, computer science and other humanities, as well as an up-to-date-awareness of current events, will prove valuable.

Deadline to Apply: December 19<sup>th</sup> 2008

\*Mailed applications must be post marked no later than the deadline



# 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)**

|  |            |   |     |      |
|--|------------|---|-----|------|
| _____  |            | Sex (circle one)  | M   | F    |
| Last Name  |            | _____   |     |      |
| _____  |            | Month   | Day | Year |
| First and Middle Name  |            | Date of Birth   |     |      |
| ( ) _____  | ( ) _____  | _____   |     |      |
| Home Phone   | Work Phone | Social Insurance Number   |     |      |
| _____  |            | Do you currently live on-reserve or off-reserve?                                  |     |      |
| Address  |            | <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve          |     |      |
| _____  |            | Do you have any Disabilities or Special Needs?                                    |     |      |
| City, Province,  |            | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: |     |      |
| Postal Code: _____   |            | _____   |     |      |
| What is your First Nations Ancestry?   |            |   |     |      |
| _____  |            |   |     |      |
| 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

## Trades Apprenticeship Questionnaire

NAME: \_\_\_\_\_

1. What is your 'Occupational Goal'? \_\_\_\_\_
2. Do you have your Grade 12 or Equivalent? YES NO
3. Please list all of the Job Skill-related courses you have taken in the past:  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you have any disabilities, physical or other? If so please explain....  
\_\_\_\_\_  
\_\_\_\_\_
5. Are there any additional barriers that would prevent you from reaching your 'Occupational Goal'? Please explain...  
\_\_\_\_\_  
\_\_\_\_\_
6. How many years of on-the-job work experience do you have? \_\_\_\_\_
7. Have you ever been indentured by a company? If so by whom?  
\_\_\_\_\_
8. If you have answered yes to the previous question, what kinds of trades technical training have you received in the past?  
\_\_\_\_\_  
\_\_\_\_\_
9. Are you currently scheduled to attend any technical training? YES NO  
Please Explain....  
\_\_\_\_\_  
\_\_\_\_\_
10. Can you obtain a letter from your current/previous employer indicating trade related work experience and the number of hours you put in with their company?  
YES NO, Please Explain: \_\_\_\_\_



**Purpose:** Researching the labour market will help you to identify what types of occupations are in demand. Once you have identified your career path, conducting the Occupation Information Interviews will provide necessary, in-depth details that will help you make informed decisions regarding your final career decision.

**Process:** You must speak with three employers, and two employees who are currently employed in the occupation you are requesting training resources for. Upon completing the questions for each employer you must ask yourself if you will be qualified for this position upon completion of your training

**Employer #1:**

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

Name of the person you spoke with and their job title:  
\_\_\_\_\_

Phone # (    ) \_\_\_\_\_ Date Contacted: \_\_\_\_\_

1. What educational/training background is generally required by someone who is entering into this occupation?  
\_\_\_\_\_

2. In your opinion, what is the employment outlook in this area?  
\_\_\_\_\_  
\_\_\_\_\_

3. Is this a growing Industry? Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What advice would you give to someone entering this field?  
\_\_\_\_\_  
\_\_\_\_\_

5. Has anyone been hired to work for your company this year? \_\_\_\_\_

6. Is the work for your company: full-time    part-time    by contract

7. What is the salary range for this occupation? \_\_\_\_\_



Upon completion of my course in \_\_\_\_\_ will I possess the minimum requirements for employment at this agency/company?

Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please explain: \_\_\_\_\_

\*\*\*\*\*

**Employer #2:**

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

Name of the person you spoke with and their job title:

\_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Date Contacted: \_\_\_\_\_

1. What educational/training background is generally required by someone who is entering into this occupation?

\_\_\_\_\_

2. In your opinion, what is the employment outlook in this area?

\_\_\_\_\_

\_\_\_\_\_

3. Is this a growing industry? Why or why not?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What advice would you give to someone entering this field?

\_\_\_\_\_

\_\_\_\_\_

5. Has anyone been hired to work for your company this year? \_\_\_\_\_

6. Is the work for your company:  full-time  part-time  by contract

7. What is the salary range for this occupation? \_\_\_\_\_



Skeena Native Development  
Occupational Research

Upon completion of my course in \_\_\_\_\_ will I possess the minimum requirements for employment at this agency/company?

Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please explain: \_\_\_\_\_

\*\*\*\*\*

**Employer #3:**

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

Name of the person you spoke with and their job title:  
\_\_\_\_\_

Phone # (    ) \_\_\_\_\_ Date Contacted: \_\_\_\_\_

1. What educational/training background is generally required by someone who is entering into this occupation?  
\_\_\_\_\_

2. In your opinion, what is the employment outlook in this area?  
\_\_\_\_\_  
\_\_\_\_\_

3. Is this a growing Industry? Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What advice would you give to someone entering this field?  
\_\_\_\_\_  
\_\_\_\_\_

5. Has anyone been hired to work for your company this year? \_\_\_\_\_

6. Is the work for your company:  full-time     part-time     by contract

7. What is the salary range for this occupation? \_\_\_\_\_

Upon completion of my course in \_\_\_\_\_ will I possess the minimum requirements for employment at this agency/company?



Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please explain: \_\_\_\_\_

\*\*\*\*\*

**Employee #1**

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

Name of the person you spoke with and their job title:

\_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Date Contacted: \_\_\_\_\_

**Questions:**

1. What educational/training background is generally required by someone entering this field?

\_\_\_\_\_

2. In your opinion, what is the employment outlook in this area?

\_\_\_\_\_

\_\_\_\_\_

3. How long have you worked for this employer? \_\_\_\_\_

4. What advice would you give to someone entering this field?

\_\_\_\_\_

\_\_\_\_\_

5. Has anyone been hired to work for your organization this year? \_\_\_\_\_

6. Is the work for your company:  full-time  part-time  by contract

7. What is the salary range? \_\_\_\_\_

8. Describe the tasks you perform during a normal work day:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



9. What do you like the most about this job?

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10. What do you like least about this job?

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**Employee #2**

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

Name of the person you spoke with and their job title:

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Phone # (    ) \_\_\_\_\_ Date Contacted: \_\_\_\_\_

**Questions:**

1. What educational/training background is generally required by someone entering this field?

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2. In your opinion, what is the employment outlook in this area?

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3. How long have you worked for this employer? \_\_\_\_\_

4. What advice would you give to someone entering this field?

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5. Has anyone been hired to work for your organization this year? \_\_\_\_\_

6. Is the work for your company:  full-time     part-time     by contract

7. What is the salary range? \_\_\_\_\_



8. Describe the tasks you perform during a normal work day:

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9. What do you like the most about this job?

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10. What do you like least about this job?

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**Please submit with your Full Application to:**

**D. Andrews, Administrative Assistant  
PO Box 418  
Terrace, BC  
V8G 4B1**

**OR**

**Fax: (250) 635-1414.**



# Skeena Native Development

Application Process  
-Check List-

## Astral Media Aboriginal Broadcast Journalism Studies Scholarship & Intern Program

**Have you:**

- Completed (in full) the *Participant Information Form*?
- Signed the *Assumption of Risk* form?
- Included a Copy of your Resume?
- Included your Official Transcripts?
- Completed the *Trades Apprenticeship Questionnaire*?
- Completed the *Occupational Research*?
- Written and included a Letter of Request?

You have completed the Application process!

Please forward to:

**D. Andrews, Administrative Assistant  
c/o Skeena Native Development  
PO Box 418  
Terrace, BC  
V8G 4B1**

**OR**

**Fax: (250) 635-1414  
Attn: D. Andrews, Administrative Assistant**

**Questions? Ph: (250) 635-1500 TF: 1-800-721-1333**

**Application Deadline: December 19<sup>th</sup> 2008**

\*Mailed applications must be post marked no later than the specified deadline.