



# Skeena Native Development

Public Sector Capacity Building Application

This program will be application driven only, and each application will be assessed on merit, and available budget. The following documents must be submitted as part of the total application package, and no application will be treated as complete without any of the following:

- General Application Form
  - (Participant) Application Form (for each participant)
  - Assumption of Risk, Release of Claims and Indemnity Form (completed for each participant)
  - Job Description indicating how the participant will receive career related job skills appropriate to the “public sector job market.”
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- The Training Institute/Facilitator must be registered and have a PCTIA number with the Private Career Training Institutions Agency of British Columbia, formerly PPSEC. The website address is <http://www.pctia.bc.ca/>.
  - Registration Form and Course Outline from training institute which has the total cost of the training and any other material needed.
  - Supplies list (if needed)
  - Actual cost of training, outline how much you are requesting from SNDS. (Include a break down on travel only if training is out of town. SNDS does not sponsor training requests out of the province or country)
  - Mail or fax the training request at least **6 - 8 weeks** before the start date to the address listed below.

**Diane Lukasser**  
**Contract Administrator**  
**Skeena Native Development Society**  
**P.O. Box 418**  
**Terrace, BC V8G 4B1**  
**Phone: 1-800-721-1333 or at (250) 635-1500**  
**Fax: (250) 635-1414**  
**E-mail: [dlukasser@monarch.net](mailto:dlukasser@monarch.net)**  
**Website: [www.snds.bc.ca](http://www.snds.bc.ca)**





# Skeena Native Development Application Form

THE INFORMATION REQUESTED IN THIS FORM WILL BE USED BY SNDS FOR THE FOLLOWING PURPOSES:

1. DETERMINING THE ELIGIBILITY OF THE UNDERSIGNED (THE “APPLICANT”) FOR RESOURCES, SERVICES AND FUNDING OFFERED BY SNDS;
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 SNDS, 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 INFORMATION

**(PRINT IN BLUE PEN INK)**

**This Section MUST Be Fully Completed or WILL NOT Be Accepted**

1. Applicant’s Full Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Prov: BC Postal Code: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Social Insurance Number: \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_
7. Male \_\_\_\_\_ Female \_\_\_\_\_ Disabled? Yes \_\_\_\_\_ No \_\_\_\_\_
8. On-Reserve \_\_\_\_\_ Off-Reserve \_\_\_\_\_
9. What is your First Nations’ Ancestry and Village? \_\_\_\_\_

10. Are you currently receiving (check those that apply):

Federal Social Assistance \_\_\_\_\_  
Provincial Social Assistance \_\_\_\_\_  
E.I. Benefits \_\_\_\_\_  
Band Sponsorship \_\_\_\_\_

11. What is the highest level of education you have attained? \_\_\_\_\_

12. Name(s) of school(s) and year(s) attended:

\_\_\_\_\_  
\_\_\_\_\_

13. What certificates, diplomas, licenses, degrees, or other skills did you acquire?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Please list your employment history. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you taken training within the last year? YES NO  
If YES, name of course(s) and from which school?

\_\_\_\_\_  
\_\_\_\_\_

**PART 2 – SPONSORING EMPLOYER ORGANIZATION:**

15. Name of Business Organization: \_\_\_\_\_

16. Address: \_\_\_\_\_

17. Telephone Number: \_\_\_\_\_

18. Email Address: \_\_\_\_\_

19. Business Owner(s): \_\_\_\_\_

20. Bank and Bank Representative: \_\_\_\_\_

**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 sponsored amounts 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

**PART 4- CONSENT TO SNDS 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)