



Dechjta Nàowo Program Application

Yellowknives Dene First Nation
 Box 2514, Yellowknife, X1A 2P8
 Tel: 867-873-9037 Fax 867-669-9002
 dechitanaowo@ykdene.com

The following information is required by YKDFN Dechjta Nàowo for funding purposes. All participants must complete this and forward to the Training Coordinator. This information is highly confidential and will be utilized to determine eligibility for YKDFN Dechjta Nàowo Programs.

CONFIDENTIAL (When completed)

PROGRAM INFORMATION	
Training / Program Applying for: _____	
Why are you interested in this Training / Program? _____ _____	
Start Date:	End Date:
CLIENT INFORMATION	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Last Name:	First Name: Middle Name(s)/Initials:
Marital Status: <input type="checkbox"/> Married or equivalent <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <i>If married or equivalent, spouse's name:</i>	
Do you consider yourself to be living with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treaty Status Number: _____ Health Care Card Number: _____	
Date of Birth: _____ / _____ / _____ YYYY MM DD	Social Insurance Number _____ / _____ / _____
CONTACT INFORMATION	
Street Address	PO Box
City/Province:	Postal Code:
Home Phone:	Cell Phone:
Message Phone:	Email:
Emergency Contact Name:	Emergency Contact Phone #:
Allergies <input type="checkbox"/> No <input type="checkbox"/> If, YES Please list:	

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DEPENDENTS			
Name of Dependents	Year of Birth	Relationship to you	
INCOME			
Employment Insurance Claimant	Childcare	Social Assistance	
Are you Employment Insurance Claimant? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , Claim type: _____ Number of weeks entitled: _____ Expected end date: _____	Do you need childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No Childcare Institution: <input type="checkbox"/> Assisted by family. <input type="checkbox"/> Daycare or other, specify. _____	Are you currently on social assistance/Another Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , specify: _____	
CURRENT EMPLOYMENT STATUS			
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed.			
If YES , <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, Job Title: _____			
HIGHEST LEVEL EDUCATION COMPLETED			
High School completed Year _____ Highest Grade _____ Province / Territory _____			
TRADES/CERTIFICATES			
Trade/Certification	Level	Specialization	Years Experience
DRIVERS LICENCE			
Class	Number	Province	Expiry Date
LANGUAGES			
Preferred language:		Secondary language, Specify (If Other):	
BARRIER TO EMPLOYMENT			
<input type="checkbox"/> None		<input type="checkbox"/> Education	
<input type="checkbox"/> Lack of labor force attachment		<input type="checkbox"/> Economic	
<input type="checkbox"/> Lack of transportation		<input type="checkbox"/> Dependent Care	
<input type="checkbox"/> Lack of work experience		<input type="checkbox"/> Lack of marketable skills	
<input type="checkbox"/> Language		<input type="checkbox"/> Physical, emotional, or mental health	
<input type="checkbox"/> Remoteness		<input type="checkbox"/> Legally entitled to work in Canada	
<input type="checkbox"/> Criminal record		<input type="checkbox"/> Other	

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EMPLOYMENT GOALS

What are your career goals? List your future career/ goals.

- 1. _____ 3. _____
- 2. _____ 4. _____

Are there employment opportunities in your area that match with your employment goals? Yes No

Have you researched the career field you are interested in? Yes No

EMPLOYMENT HISTORY Start from most recent employment

Start Date YYYY-MM-DD	End Date YYYY-MM-DD	Employer	Job Title	Reason for leaving

I GRANT my permission to Dechįta Nàowo to submit contact information, training information and resume to:
 Prospective future employees Yellowknives Dene First Nation Human Resources Department

I DO NOT grant my permission to Dechįta Nàowo to submit contact information, training information and resume to:
 Prospective future employees Yellowknives Dene First Nation Human Resources Department

I GRANT my permission to Yellowknives Dene First Nation Human Resources Department to distribute my contact information, training information and resume to other agencies for employment.

I DO NOT grant my permission to Yellowknives Dene First Nation Human Resources Department to distribute my contact information, training information and resume to other agencies for employment.

REQUIREMENTS WITH APPLICATION

Resume Copy of Treaty Card Copy of Health Care Card

PARTICIPANT CONSENT TO RELEASE INFORMATION

I, _____, the undersigned give my consent for YKDFN to release.
(Participant Name)

the Information contained in this form regarding my participation in a YKDFN Dechįta Nàowo Program to Service Canada. I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that may be used to determine my eligibility for future programs and provided to Service Canada for the evaluation and accountability of the Dechita Naowo program.

Participant Signature

Date