



Wei Wai Kum First Nation

1650 Old Spit Road, Campbell River, BC, Canada V9W-3E3

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Application for Occupational Skills Training

Student Information

| | |
|---|---|
| Name: | Status Number: |
| Address: | Date of Birth: |
| City: | Phone Number: |
| Prov./Postal Code: | Cell Number: |
| E-mail: | Marital Status: |
| Dependants: Yes / No | Number of Children: |
| Single Parent: | Reside on/off reserve: |
| Student Type: Mature Student <input type="checkbox"/> | New Secondary Graduate <input type="checkbox"/> |
| Are you currently working? Yes | No |

Occupational Skills Training Program Information

| | |
|--|--|
| Institution: | Student Number: |
| Program: | Program Length: |
| Expected completion date: | Full-time / Part-time: |
| Semester Funding: Sept-Dec <input type="checkbox"/> Jan-April <input type="checkbox"/> May-Aug <input type="checkbox"/> | Program Type: Certificate (less one year) <input type="checkbox"/> License <input type="checkbox"/> Apprentice <input type="checkbox"/> |

Previous Education, Training or Certificates

| School / Institute | Years Attended | Certificate Obtained |
|----------------------|----------------|----------------------|
| Secondary: | | |
| Private: | | |
| College: | | |
| Technical Institute: | | |
| University: | | |
| Other: | | |

Additional Documents

In order for your application to be processed we require the following documents with your application – please ensure that you include the following.

| | |
|---|--|
| Signed Release of Information | |
| Most recent Official Transcript | |
| Acceptance Letter from Occupational Skills Training Program | |

Budget Information

| | |
|---|----|
| Tuition | \$ |
| Number of Months of Living Allowance | |
| Book Allowance Needed | |
| Have you tried to access additional funding? Example; HRDC, NVIATS? | |
| Does your program require additional supplies? <input type="checkbox"/> (i.e.; boots, nursing scrubs, etc., that are deemed as mandatory for your program) | |

Additional Documents Required

| These documents are required to process application | Yes/No |
|---|--------|
| Proof of industry research – where can you work, is this in demand, expected salary? | |
| Completion of Occupation Skills Research Questionnaire | |

I confirm that the above information provided is complete and accurate. I have read the conditions for receiving Occupational Skills Training Assistance and agree to comply with the conditions as set out in the Guidelines. I accept the responsibility for satisfying the academic requirements of the above institution and managing the education funds to the best of my ability.

Student Signature

Date

Occupational Skills Training Research

Student Occupation Information

| | |
|-----------------------------------|-------------------|
| Name: | Status Number: |
| Occupation: | Training Program: |
| What are the steps to completion: | |

Occupational Skills Research

| Web Research | Task | Answers |
|--|---|---------|
| www.monster.ca | Number of jobs in BC Region | |
| www.monsterca.salary | What is the expected base salary in BC | |
| www.jobfutures.ca | What is the National Occupation Code | |
| www.jobfutures.ca | What is the unemployment rate | |
| www.jobfutures.ca | What is the average salary | |
| www.jobfutures.ca | What is the current outlook? | |
| www.labourmarketinformation.ca | What are the Job and Skill requirements? | |
| www.labourmarketinformation.ca | Provide at least three potential employers? | |

Document Checklist

| | |
|------------------------|--|
| Application | |
| Release of Information | |

| | |
|------------------------------------|--|
| Occupation Research | |
| Letter of Support from an Employer | |
| Acceptance Letter from Program | |