



# Training and Economic Development Department

## Training/Course Funding Application

### Short-Term Training

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This application is **NOT** the only document to be submitted when applying for funding.

Sign your **INITIALS** when you have each item required for submitted included.

1. \_\_\_\_\_ Completed Application – Fill in **ALL** blank spaces
2. \_\_\_\_\_ Copy of your Certificate of Indian Status - (Front/Back)-Unexpired
3. \_\_\_\_\_ Medical Documents – If applicable
4. \_\_\_\_\_ Previous Certifications
5. \_\_\_\_\_ Letter from Employer indicating training is required for Job

**OR**

6. \_\_\_\_\_ Letter of support from your employer or an employer indicating that this course will increase your chance of employability.
7. \_\_\_\_\_ Confirmation of Registration, Dates, Location and Cost of the Program
8. \_\_\_\_\_ Certification of Completion
9. \_\_\_\_\_ Receipts that show payments to the Institution

Answer all questions & attach required documents on the APPLICATION CHECKLIST.

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!!!**  
**PLEASE KEEP A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS**

**Funding is NOT guaranteed!!!!**

#### APPLICATION SUBMISSION OPTIONS

Training and Economic Development Department (TEDD)  
Post-Secondary Support Program  
P.O. Box 10  
Conne River, NL  
A0H 1J0

Email: [kstride@mfn.gov.ca](mailto:kstride@mfn.gov.ca)

TELEPHONE: 709-882-2470

Fax: 709-882-2401



# Training and Economic Development Department Short Term Training/Course Funding Application

All Fields are Mandatory – Please Print Clearly

## **FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_ Eligible Program: \_\_\_\_\_

Received By: \_\_\_\_\_ SIN#: \_\_\_\_\_

### **Industry Recognized Training**

- **REIMBURSEMENT ONLY**
- Maximum of 5-10 days per program.
- Maximum cost of \$3000.
- Must provide a letter that training is required for Employment or that it will increase their chance of employability.
- Must provide a copy of Certificate of Completion.
- One-time basis per person per year.

### **PERSONAL INFORMATION**

Date of Application (M/D/Y): \_\_\_\_\_

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

First Nation Status ID Number (**Proof Required**): 047- \_\_\_\_\_

### **Home Address**

Street/P.O. Box: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Town: \_\_\_\_\_ Clients Cell #: \_\_\_\_\_

Province: \_\_\_\_\_ Clients Email: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

### **Family Status**

No. of Children under age 18: \_\_\_\_\_ Age(s) of Children: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

Marital Status:                      Single       Married       Other  \_\_\_\_\_

### **Information**

Gender:              Male       Female       Other  \_\_\_\_\_                      Canadian Resident:      Yes       No

Preferred Language:              English       French       Other  \_\_\_\_\_

Highest Level of High School: \_\_\_\_\_ Year: \_\_\_\_\_

Highest Level of Post-Secondary: \_\_\_\_\_ Year: \_\_\_\_\_

### **Medical Information**

Do you have a disability?              Yes                       No

If "yes", please specify (**Proof Required**): \_\_\_\_\_

**COURSE/TRAINING INFORMATION FUNDING REQUEST - Proof Required (Registration Letter)**

Name of Training Institution: \_\_\_\_\_

Campus/Institution Address: \_\_\_\_\_

Campus/Institution Phone #: \_\_\_\_\_

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

Upcoming Start Date of Program (M/D/Y): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Program Length: (Ex: 1 Day or 10 Days) \_\_\_\_\_ Completion Date (M/D/Y): \_\_\_\_\_

**Delivery Method for your program:**

Classroom.....

Distance Education/Online .....

Blended (Classroom and Online) .....

Field Work .....

**TRAINING REQUIREMENTS FOR EMPLOYMENT**

Are you currently employed? Yes  No

- If “no”, move to section “Refresher for Re-certification for employment”

Is this training/course a requirement to keep your current the job? Yes  No

Did you confirm if the employer can cover the cost? Yes  No

- If “yes” please provide documentation of payment denial for training/course. **(Proof Required)**
- If “no”, you will need a letter of support from your employer or an employer indicating at if you complete this course that it will increase their chance of employability.

**REFRESHER FOR RE-CERTIFICATION FOR EMPLOYMENT**

Is this training a refresher to maintain your current certification due to expiration? Yes  No

Have you been applying for jobs and have been unsuccessful in obtaining employment due to your certifications being expired? Yes  No

Did an employer note that you need these certificate(s) to gain employment with them? Yes  No

Who have you reached out to regarding employment?

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**Note: we can't provide training funds to clients who are looking to just maintain their certification and not seek employment with these organizations.**

**FINANCIAL STATUS – EMPLOYMENT/EMPLOYMENT INSURANCE**

Are You Currently Employed: Yes  No

If “yes”, please specify the following:

- Are you working Full-time  Part-time
- What’s your gross weekly income: \$ \_\_\_\_\_
- Number of hours per week: \_\_\_\_\_
- Date started this position: (Month/Day/Year) \_\_\_\_\_
- Is this student summer employment: Yes  No
- Will you have enough hours to receive EI during the academic school year you are currently apply for: Yes  No 
  - If “yes,” how many hours will you have: \_\_\_\_\_

***You MUST check your Province/Economic Region to determine the total number of hours to qualify for Employment Insurance (EI) if you are currently employed.***

If “no”, please specify the following:

- Are you in receipt of EI benefits: Yes  No 
  - If “yes” what’s your EI weekly income: \$ \_\_\_\_\_
  - What is the expected expiry date? (Month/Day/Year) \_\_\_\_\_
- If “no”, have you received EI benefits within the past five years: Yes  No

**Social Assistance**

Are you receiving Social Assistance? Yes  No

***If approved for funding through TEDD, you are required to notify your Social Assistance Program Provider.***

**REQUESTING FUNDS FOR TRAINING - (Proof – Information from Institution)**

<b>Cost Breakdown</b>
Tuition
Fees
Books
Other

Do you require Living Allowance? Yes  No

Anyone receiving EI or is eligible to receive EI must apply for those benefits before being considered for living assistance.

Do you require Travel Assistance? Yes  No

Traveling within your province, indicate kilometers from home to Institution? \_\_\_\_\_ Kilometers

Are you traveling out of your province? Yes  No

Please note that anyone leaving the island of Newfoundland is considered out of province travel.

**PREVIOUS EDUCATION/TRAINING**

Have you previously attended a Post- Secondary or Training Institution? Yes  No

If "yes", please provide the following information:

Degree/Course Title: \_\_\_\_\_

University/Training Institute: \_\_\_\_\_

Start & End Date of Program: \_\_\_\_\_

Did you complete this program? Yes  No

If "no", please state the reason: \_\_\_\_\_

Did you pay for this program on your own? Yes  No

If "no", were you sponsored by an agency? Yes  No

If "yes", please state if you paid out of pocket, or through an Agency, please specify:  
\_\_\_\_\_

***\*Please note that "agency" includes the Federation of Newfoundland Indians (FNI) and/or the Miawpukek Training & Economic Development Department***

**. DECLARATION- Initialing each statement states you understand your responsibility!**

1. \_\_\_\_\_ Applications may be used for public documents such as Minutes, Education and Training Reports, etc. The Miawpukek First Nation (MFN) Training & Economic Development Department (TEDD) agrees to share this information with Service Canada or Indigenous Service Canada.
2. \_\_\_\_\_ I understand that all necessary documentation as referred to on the **Checklist MUST** be included for my application to be considered complete. Incomplete applications will **NOT** be considered.
3. \_\_\_\_\_ I understand that I am **NOT** to include my Social Insurance Number with this application. TEDD will contact me once the application is received.
4. \_\_\_\_\_ I understand that TEDD may contact me through email/MailChimp/phone call/text/messenger. My responsibility is to notify TEDD **IMMEDIATELY** if my contact information changes.
5. \_\_\_\_\_ I understand that I am responsible for completing the application in full and follow-up with TEDD if I have not been contacted **within 14 days of sending my application.**
6. \_\_\_\_\_ I understand that I will only receive payment once all the proper documentation is collected by TEDD. This includes application, copy of band card, prev. certificates, a letter from employer, confirmation of registration, certification of completion, actual receipts, and a signed contract. This list is not necessarily all-inclusive.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Training and Economic Development Department  
Post-Secondary Support Program  
P.O. Box 10  
Conne River, NL  
A0H 1J0**

Email: [kstride@mfn.gov.ca](mailto:kstride@mfn.gov.ca) Telephone: 709-882-2470

Fax: 1-709-882-2401



# Training and Economic Development Department

## Post-Secondary Education Student Support Funding Application

### DIRECT DEPOSIT FORM - PART K

#### PERSONAL INFORMATION

Clients Full Name: \_\_\_\_\_

#### Home Address:

Street/P.O. Box: \_\_\_\_\_

Home Tel #: \_\_\_\_\_

Town: \_\_\_\_\_

Clients Cell #: \_\_\_\_\_

Province: \_\_\_\_\_

Clients E-Mail: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

#### STUDENTS BANKING INFORMATION

Banking Institution: \_\_\_\_\_

Bank Location: \_\_\_\_\_

Financial Institution/Transit Number (3 digits): \_\_\_\_\_

Branch Number (5 digits): \_\_\_\_\_

Account Number (As shown on cheque): \_\_\_\_\_

***\*Please provide a blank cheque with the word "VOID" written across the front OR you can also retrieve your banking information from your institutions website. This data must be associated with the Bank Account into which the payments are to be deposited.***

