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Employment & Future Skills

Nexw7áystway Training & Trades Centre

Squamish Nation Training & Trades Centre (TTC)

Intake Package

In order for your application to be complete, the following is required:

Completed, signed, and dated personal information form (PIF) (Pages 2-5 of this document), *including signed Applicant's Declaration & Authorization form & date* (Page 6 of this document)

SIN Number

Valid identification - A copy of one current & valid piece of identification, front and back. For example, Status Card and BC ID or Drivers License

Squamish Nation Direct Deposit Authorization Form

Void Cheque or Direct Deposit printout from a bank

Media release form

Completed trades specific assessment (completed on-site) if required

Completion of two in-person appointments with the Training & Trades Centre:

a) Intake Appointment with Office Staff

b) Intake Interview with our Wellness Counselor

(A list of available dates and times will be provided to you by the Intake Team upon receiving your completed application)

Squamish Nation Training & Trades Centre

Unit 3-1500 Railway Street, North Vancouver BC V7J 1B5

trades_centre@squamish.net

www.squamish.net

604-980-7946

WHICH PROGRAM ARE YOU APPLYING FOR?

HOW DID YOU HEAR ABOUT THE TRAINING & TRADES CENTRE?

- ☐ FACEBOOK
- ☐ TWITTER
- ☐ INSTAGRAM
- ☐ NEWSPAPER (PLEASE SPECIFY) _____
- ☐ EMPLOYMENT CENTRE
- ☐ WORKBC
- ☐ SQUAMISH NATION COMMUNITY NEWSLETTER
- ☐ ELECTRONIC BILLBOARD
- ☐ REFERRAL (PLEASE TYPE THEIR NAME INTO THE BOX)
- ☐ OTHER (PLEASE SPECIFY)

TTC APPLICATION

Personal Information Form (PIF)

Please complete all sections thoroughly. Complete and accurate information is required to determine eligibility. Please print clearly.

PERSONAL IDENTIFICATION				
Last Name:		First Name:		Middle Initial:
Ancestral name:		Birth Date: DD MM YY		SIN : / /
Gender: Woman: <input type="checkbox"/> Man: <input type="checkbox"/> Two Spirit: <input type="checkbox"/> Nonbinary: <input type="checkbox"/> Other: <input type="checkbox"/> Choose not to disclose: <input type="checkbox"/>				
Mailing Address:		City:	Prov:	Postal Code:
On Reserve <input type="checkbox"/>	Cell/Home #:		Email:	
Off Reserve <input type="checkbox"/>				
Indigenous status: Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/>				
Band Name:			Band Registry Number:	
Marital Status: Married / Common Law <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/>				# of dependents living with you: _____
Do you require childcare? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what is your current source of childcare?		
Do you identify as having a physical or mental disability that affects your ability to perform daily tasks? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, how does your disability restrict your performance of daily tasks? Please Explain:				
Have you ever been or are you a Youth in Care with the Ministry of Children & Family Development? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you a Canadian citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Language Spoken? English <input type="checkbox"/> French <input type="checkbox"/> Other: _____		Do you have a Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>

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Have you applied for or are you currently in receipt of Employment Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had an Employment Insurance Claim within the past three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had a Parental or Maternity leave claim in the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>What is your current source of income?</p> <p>Social Assistance <input type="checkbox"/> Student Loans <input type="checkbox"/> Full-time Work <input type="checkbox"/> Part-time Work <input type="checkbox"/> Other <input type="checkbox"/></p> <p>If other, please explain:</p> 		

EDUCATION AND TRAINING					
Highest Grade completed: _____ Year Completed: _____ Province/Country: _____					
Please list all degrees, trade levels, licenses, diplomas, certificates or work tickets obtained: 					
List all adult basic education, post-secondary training and or courses that you have attended					
Institute/Organization	Location	Year	Course	Certificate, Diploma, Degree, Tickets	Completed?
Please list any programs you have previously participated in at the TTC and the outcome or results:					
Year	Program	Completed?	Outcome/Result		

EMPLOYMENT HISTORY						
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>						
List your last three jobs starting with the most recent.						
Job Title	FT/PT	Company Name	Start Date dd/mm/yyyy	End Date dd/mm/yyyy	Salary	Reason for Leaving
Describe what you have done to find work:						

All information provided in this form will be considered as supplied in confidence. Under certain circumstances, some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact the Training & Trades Centre at 604-980-7946, Unit 3-1500 Railway Street, North Vancouver BC V7J 1B5.

Applicants Signature

Date

Applicant's Declaration & Authorization

I declare that the foregoing information provided to TTC is, to my knowledge, true and complete and that it is subject to verification by TTC and its representatives. I authorize access to release application information with involved organizations, training institutions, and government agencies. I acknowledge that in the event that I do not comply with any of the following requirements that I may be denied acceptance into future programs at the TTC.

Please check all if you agree to the below:

- ☐ If I quit or am removed from a program without an acceptable reason, I may not be eligible to participate in further TTC programs for up to 3 years and review process has been completed;
- ☐ I agree to provide TTC with any follow-up requests after completion of my training;
- ☐ I agree to provide a personal written evaluation of my training upon completion;
- ☐ I agree to immediately report any changes of residence, telephone or other contact information to TTC;
- ☐ I understand that I am subject to legal action in the event that I make false statements or neglect to provide TTC with any information that materially affects my entitlement to training or my ability to benefit from my employment insurance;
- ☐ I agree not to hold TTC, its employees, volunteers, agents and heirs, harm from and against all claims, losses, damages, cost and expenses related to any injury or death of a person or a loss or damage to property caused in relation to this training program;
- ☐ I affirm that all necessary liability and life insurance will be maintained by me for the duration of the period of my training if and when required;
- ☐ If accepted into a program at the TTC, I agree to adhere to the TTC Code of Conduct which I have reviewed and agreed to prior to signing this application form;
- ☐ If accepted into a program at the TTC, I agree to have photos taken of me for school-related events and activities, which are shared on TTC social media and other advertising avenues

This authorization remains in effect for the duration of my attendance in the program at TTC.

Applicants Signature

Date

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