



huu ay aht

ANCIENT SPIRIT, MODERN MIND

Skills & Training Program Application

| | |
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| MAIL, FAX, or E-MAIL Huu-ay-aht Government Office 4644 Adelaide St., Port Alberni, BC V9Y 6N4 Phone: 250.723.0100 Fax: 250.723.4646 E-mail: education@huuayaht.org | Office Use Only Youth (18 – 25) <input type="checkbox"/> Adult <input type="checkbox"/> |
|---|--|

Applicant Information

| | | | |
|--|---------------------------------|---------------------------------|----------------------------------|
| Last Name: | Given Names: | Date of Birth: | |
| Street Address: | | Apartment/Unit # | |
| City: | | Prov. | Postal Code |
| Phone #: | E-mail : | | |
| Alt. #: | Alt. E-mail: | | |
| Are you a Huu-ay-aht Citizen, as defined by the Huu-ay-aht Citizenship and Treaty Enrolment Act? If "No", you are not eligible to apply for the HFN Skills & Training Program. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you currently employed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Employer: |
| If yes, do you plan to continue employment during training period? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, how many hours per week? |
| Are you or have you ever lived as a child or youth in care in the province of British Columbia (i.e. in foster care)? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Education and Training History

Please provide a list of the schools or programs you have attended and the results

| Name of School/Program | Years | Results (certificate, diploma, etc.) |
|------------------------|-------|--------------------------------------|
| | | |
| | | |

Employment History

Please provide a brief description of your work history

| Employer | Years | Job Description |
|----------|-------|-----------------|
| | | |
| | | |

Training Course Information

| | | | | | |
|--|------------------------------|--------------------|------------------------------|------------------|--|
| Institution Name: | | | | | |
| Training Course Name: | | | | | |
| Training Length: | | Start Date: | | End Date: | |
| Full Time: | Yes <input type="checkbox"/> | Part Time: | Yes <input type="checkbox"/> | | |
| My reason(s) for taking this training course: | | | | | |

Describe the employment opportunities that are available as a result of this training, if applicable.

Describe the things that you will do to ensure that you are successful in this course.

| Study & Financial Plan | |
|--|--|
| <i>I am applying for HFN Skills and Training Program for (check all that apply)</i> | <input type="checkbox"/> <i>Course fees</i> |
| | <input type="checkbox"/> <i>Books</i> |
| | <input type="checkbox"/> <i>Travel</i> |
| | <input type="checkbox"/> <i>Special Clothing & Equipment/Supplies (attach information)</i> |
| | <input type="checkbox"/> <i>Monthly or Weekly Living Allowance</i> |
| <i>Financial Projection</i> | |
| <i>Course fees</i> | \$ |
| <i>Books</i> | \$ |
| <i>Travel</i> | \$ |
| <i>Special Clothing & Equipment/Supplies</i> | \$ |
| Code of Conduct and Signature | |

I confirm that the above information provided is complete and accurate. I accept responsibility for doing my best to complete the course successfully and participating in required course activities. After I complete the training I will submit proof of successful completion to the HFN Education Coordinator.

x _____
Student Signature ***Date***

Further Attachments to submit before final approval of application

- signed student funding agreement***
- proof of enrolment and registration in program***



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Skills & Training Program Application Student Funding Agreement

Your responsibilities are to:

1. *Discuss your goals with HFN Education staff and ensure that the program you have chosen is the best choice to fulfil them.*
2. *Attend classes/training as required by the program.*
3. *Successfully complete all HFN sponsored courses and programs. If you are unsuccessful in the program, you will discuss the reasons with HFN Education staff.*
4. **All students** *are required to submit proof of completion to HFN Education within 30 days following the end of the course. Failure to submit proof of completion of your course may jeopardize future funding.*
5. *Notify HFN Education staff immediately if you experience difficulty in your course.*
6. *If you are unable to attend the course as scheduled, you will notify HFN Education staff prior to the beginning of the course,*
7. *Communicate with HFN Education staff.*

I, _____, have read and understood the above and agree to these conditions and requirements. Further, I understand that failure to fulfil these requirements and conditions may jeopardize future funding.

x

Student Signature

Date