



Local Delivery Mechanism
53 Hwy. 551 P.O. Box 333
M'Chigeeng, ON P0P 1G0
Phone 705-377-5363 Fax 705-377-4980

Purchase of Training Application

An application to the LDM for all programs must include all of the following information:

- Consent to the Request and Release of Information
- Participant Information Form
- Receipts Agreements
- Estimated Costs Worksheet
- Personal Training Research Questionnaire
- Detailed Request Letter
Include name of employer/training provider, position, start date, duration, cost of tuition if taking training, special clothing or equipment other expenses e.g. travel assistance, training allowance, living away from home allowance, childcare.
- Up-to-Date Resume
- Letter of Acceptance from Training Facility
- Schedule an appointment with the LDM office (In-person, Phone, or Email)

PLEASE SUBMIT YOUR COMPLETE APPLICATION PACKAGE TO:

Mailing Address:

M'Chigeeng Training & Employment Hub Center

Attn: Training Development Officer
P.O. Box 333, 53 Hwy.551
M'Chigeeng, ON P0P 1G0

Tel. #: 705-377-5362 x225

Fax #: 705-377-4980

Email: abbyp@mchigeeng.ca

2021 M'Chigeeng Local Delivery Mechanism



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Consent to Request and Release of Information

Last Name _____ First Name _____ Initial _____

Permanent Temporary Address _____ City _____ Province _____

Telephone # (Home, Cell, Messages) _____ Email _____

I _____, consent to the request and release of information between any represented of M'Chigeeng First Nation Local Delivery Mechanism (LDM) and representatives of the following agencies, with respect to my education, training or employment- related activities:

1. Service Canada
2. Ontario Disability Support Program
3. Training /Employment Hub Committee
4. Union of Ontario Indians
5. M'Chigeeng First Nation Departments
6. Training Institution: _____
7. Employer: _____
8. Ontario Works: _____
9. Promotional: _____
10. Other: _____

This consent is intended to allow the M'Chigeeng LDM to verify information to determine my eligibility for financial assistance. As sponsoring agent, we require any information in regards to employment duration, course duration, attendance, academic performance, or any other information required by M'Chigeeng LDM. Any exchange or information will be held confidential between all parties' notes above.

Dated at _____ this _____ day of _____ 20_____,
Location day month year

Signature _____

Signature of Witness _____



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Participant Information Form

Last Name	First Name	Middle Name/Initials
Maiden Name(if applicable)	Date of Birth(MM-DD-YY)	SIN
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other		
Apartment/Unit #	Street Address or Box Number	
City/Town/Community	Province	Postal Code
Telephone Number	Other Number for Messages	
Email Address		
Languages Spoken <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> English & French <input type="checkbox"/> Aboriginal <input type="checkbox"/> Languages		
<input type="checkbox"/> Registered (status) Indian <input type="checkbox"/> Non-Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit		
Band Number		
First Nation Affiliation	<input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve	
Disability <input type="checkbox"/> No <input type="checkbox"/> Yes (specify)		
Source of Income		
Social Assistance Recipient (Provincial or First Nation) <input type="checkbox"/> No <input type="checkbox"/> Yes		
EI Claimant <input type="checkbox"/> Employment Insurance Claimant <input type="checkbox"/> Reach-Back Client <input type="checkbox"/> Non- Insured Client		
Gross Weekly Rate \$	Number of Weeks Entitled	
Other (please Specify)		
Have you collected Employment Insurance in past three years? <input type="checkbox"/> No <input type="checkbox"/> Yes		



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Education / Training Level

Highest level of education attained.

- | | | |
|---|--|---|
| <input type="checkbox"/> No formal Education | <input type="checkbox"/> Some Post-Secondary | <input type="checkbox"/> University Master's Degree |
| <input type="checkbox"/> Up to Grade7-8 (Secondary) | <input type="checkbox"/> Apprenticeship/Trade Certificate | <input type="checkbox"/> University Doctorate |
| <input type="checkbox"/> Grade9-10 (Secondary) | <input type="checkbox"/> College,CEGEP,or non-University | |
| <input type="checkbox"/> Grade11-12(Secondary) | <input type="checkbox"/> University Certificate or Diploma | |
| <input type="checkbox"/> Secondary School Diploma | <input type="checkbox"/> University Bachelor's Degree | |

Barriers to Employment (Choose all That Apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Language | <input type="checkbox"/> Physical, Emotional or Mental |
| <input type="checkbox"/> Lack of Labour Force Attachment | <input type="checkbox"/> Education | <input type="checkbox"/> Other Barrier Not Listed |
| <input type="checkbox"/> Lack of Work Experience | <input type="checkbox"/> Economic | |
| <input type="checkbox"/> Lack of Transportation | <input type="checkbox"/> Dependant Care | |
| <input type="checkbox"/> Lack of Marketable Skills | <input type="checkbox"/> Remoteness | |

Child Care

Dependents No Yes _____ Under 18 Years

Child Care Needed: (Is childcare required for this Action Plan?) No Yes

Action Plan Childcare Funded (Choose type of support, if applicable)

- | | |
|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> No Funding Received |
| <input type="checkbox"/> FNICCI | <input type="checkbox"/> Daycare Space Not Available |
| <input type="checkbox"/> EI/CRF | <input type="checkbox"/> Assisted by Family/Self-Funded |
| <input type="checkbox"/> Provincial Funding or Subsidy | |

Licenses & Certificates

Do you have a valid Driver's License No Yes If Yes, what type do you have: _____

Do you own Vehicle No Yes

Certificates (choose all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Smart Serve | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Food Handler | <input type="checkbox"/> Babysitting | <input type="checkbox"/> Other: |



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LDM Receipts Agreement

Last Name _____ First Name _____ Initial _____

Permanent/ Temporary Address _____ Telephone _____

I, _____, agree to submit all receipts to the M'Chigeeng First Nation Local Delivery Mechanism (LDM) office, with respect to my education, Training or employment-related activities. Failure to do so, will result in an overpayment to the LDM program and a possibility in ineligibility for funding for a 2-year period.

Dated at _____ this _____ day of _____ 20____.

Location day month year

Signature _____ Signature of Witness _____



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Estimated Costs Worksheet

Training Start Date: _____

Training End Date: _____

Hours of Training Per Day: _____

ESTIMATED COSTS	
Tuition	
Training Allowance	
Books / Supplies	
Travel / Mileage	
Childcare Expenses	
Rental Allowance \$300 monthly / max	
Special Costs	
Licences	
Misc.	
Total Estimated Cost:	



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Personal Training Research Questionnaire

Mission

To assist M'Chigeeng First Nation members with business related skills. The LDM Employment and Training also provides counselling and career development in both short term and long-term goals career goals. A priority of this department is to assist all members that have the desire to be employed, in a career of their choice. This development will enhance individual long-term goals and build on M'CHIGEENG Frist Nation resources that will assist in guiding our children of tomorrow.

Researching the Job I Want

Each M'Chigeeng First Nation member must research the employment field requested. You can do this by this by telephone, personal interviews, the Internet or at a library. Please make all attempts to answer all questions. Ensure that YOU have spent time researching answers to these questions. The more you know about this occupation, the better your understanding of what this occupation entails. Obtaining this information first-hand - from someone already within that occupation, is the best way to ensure your information is the most current and reliable.

Name of Applicant: _____

Type of Funding Assistance requested: _____

Date Completed Research Questionnaire _____

The position I Want Is: (Job or Goal): _____

I obtained my Information From: _____



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1. How long have you been employed in this occupation?

2. What personal qualities / characteristics do you feel a person requires in the occupation?

3. What previous experience is needed to enter this occupation?

4. What do you enjoy most about this occupation?

5. What do you enjoy least about this occupation?

6. What is the usual schedule of this work (full-time, part-time, shift work, seasonal or contract)?

7. Is training needed in order to enter into this occupation? (If yes, please describe training needed)?



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FUTURE OUTLOOK

The remaining questions are geared towards you doing some research in the Labour Market and taking a look at Future trends in business that you are interested in pursuing. The questions are geared to give you some valuable insight into the type of occupation that you are interested in pursuing.

1. Will there be more of a demand for this type of occupation in the future?

2. What is the entry level of wages currently being paid?

3. What is the most you can expect to be paid in this occupation?

4. Is the school accredited by Ministry of Education?

5. Is the training course recognized by employers?

6. Who hires graduates from this course? List employers contracted.

7. Do you have a job offer secured upon completion of training? If yes where?
