



# **KITIGAN ZIBI HUMAN RESOURCE DEVELOPMENT BOARD**

**EMPLOYMENT  
AND TRAINING**

**POLICY & GUIDELINES**

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## **PREAMBLE**

The Kitigan Zibi Human Resource Development Board was established in 1990 as a result of a Band Council resolution on Human Resources Development for the Kitigan Zibi Anishinabeg. The Band Council mandated a coordinating body for human resource's development and as a measure of more effectively serving the community by maximizing its efforts and resources.

Human Resources and Skills Development Canada has undertaken transitional steps toward the decentralization of programs and service delivery to First Nations across Canada. However, the early stages of this process remained government controlled and little flexibility was given to First Nations to develop or change government systems and operations. The increased dissatisfaction and lobbying done by all levels of First Nations government resulted in an agreement that changed the direction and operations of human resources development programming aimed at First Nations. The agreement marked the change of how First Nations would access programs and services and the type of implementation phases of the agreement. The Quebec region forged ahead and paved the way for other First Nations to develop their own programs and services with newly developed criteria. Also, much work had been done in the process to flow to the local level through a system of locally structured boards. These boards were to act as Commissions for their community and essentially administer program and service delivery similar to Local Employment Centres (CLE).

For the past 20 years, the Kitigan Zibi Anishinabeg has played an active role in human resources issues at all levels. As a result, certain policies and programs have been developed to better serve the needs of our community members. With this in mind, the following is an update of the existing policies and guidelines that has been developed by the Kitigan Zibi Human Resource Development Board to manage human resource's development in Kitigan Zibi.

As a united force and with a common vision, the Kitigan Zibi Anishinabeg continues to strive for excellence.





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## DEFINITIONS

**Business:** a self-sustaining, viable enterprise or organization that engages in commercial, industrial, or professional activities to produce and sell goods and/or services for profit or revenues.

**Business (non-profit):** organizations that operate to fulfil a charitable mission, provides a public benefit or further a social cause.

**Dependent Child:** a person who is less than 18 years of age and is a legal (biological and/or legal adopted) child of the participant.

**Employer:** A legally registered business or training institution that welcomes a participant in an approved KZHRDB funded program.

**Employment Insurance Applicant:** An unemployed person who, when seeking service from the organization, is:

- a) An active EI claimant (individual for whom an employment insurance benefit period is established under the Employment Insurance Act.);
- b) A former EI claimant whose benefit period under the Employment Insurance Act has ended within the previous three years (36 months); or,
- c) A former EI claimant for whom a benefit period has been established in the previous five years (60 months) and who:

- i. was paid special benefits under the Employment Insurance Act during the benefit period;
- ii. subsequently withdrew from active participation in the labour force to care for one or more of their newborn children or one or more children placed with them for the purpose of adoption; and
- iii. is seeking to re-enter the labour force.

**KZA:** Refers to Kitigan Zibi Anishinabeg

**KZHRDB:** Refers to the Kitigan Zibi Human Resources Development Board, who review and approve all applications for training and employability requests/programs.

**Participant:** Refers to someone who is pursuing training or an employability program.

**Self-employment assistance:** A program designed to help unemployed individuals start their own businesses, and become self-employed. This program provides allowances to participants while they are getting their businesses off the ground.

**Wage subsidy:** A transfer of funds (subsidy) to an employer to cover part of an eligible participant's wages, in order to provide the incentive to hire and train (on-the-job training) participants.

## INTRODUCTION

Employers and individuals wishing to seek services from the Kitigan Zibi Human Resource Development Board (KZHRDB) are subject to the programs and guidelines contained within this document. **Although there are criteria set out for programs and services in general, please be advised that each program may have additional criteria that may have an impact on your application.**

The programs and services have been established with the notion of community development, have been based on labour market research as well as Kitigan Zibi's economic reality. The objective of the Human Resource Development Board is to create opportunities to enhance and develop individual and collective employability skills so that community members can facilitate their entry into the labour market.

This updated policy and guidelines come into effect as of when approved by Band Council, and therefore all applications approved as of the date this policy is approved by Band Council will be subject to this policy and guidelines. Once approved this policy will supercede any previous policies.

All programs and services are targeted to all KZA band members regardless of residency within Canada. Priority will be given to those applications that meet the basic criteria and priorities set out in this policy. Applications for off reserve band members living within the province of Quebec are covered under a separate policy and are subject to program and services of the First Nations Human Resource Development Commission of Quebec.

This handbook includes the mandatory documents required to make a training request to the Kitigan Zibi Human Resource Development Board.

All regulations, policies, programs and/or services will be reviewed annually and are subject to change without notice. Please ensure that you have the correct copy of this policy when preparing your application. The Employment/Training Office is available to assist you.

This policy is subject to changes recommended by the Kitigan Zibi Human Resource Development Board and approved by the Kitigan Zibi Anishinabeg Band Council through resolution.

## 1.0 ELIGIBILITY CRITERIA

**Note: Due to funding limitations as well as the number of applications received during one fiscal year, not all applications can be approved. The following is a list of criteria in order to apply for financial assistance, as well the process which will be used to review/approve applications. Please note that any project(s) that the Band Council sets as a priority will take precedence over all other requests, as indicated by a Band Council Resolution (BCR).**

1.1 The applicant must be a registered Kitigan Zibi Anishinabeg band member, be 18 years old, or 16 years old with a High School Diploma.

Youth under 18 years of age with a Leaving Certificate can access funding if they have to leave the community for a training program.

1.2 Applicants between the ages of 16 and 17 years old may apply for tuition and mandatory material coverage for academic upgrading **only**.

1.3 All applicants must have a valid Canadian Social Insurance Number (SIN).

1.4 All applicants must be residents of Canada, and be legally entitled to work in Canada, as well as be legally entitled to work according to the relevant provincial/territorial legislation/regulations of which they are a resident. If residency of the applicant is in question, then the Employment/Training Officer may ask the applicant to submit three (3) forms of proof of an address within Canada. (Eg. Income tax, bank statement, driver's licence.)

1.5 All applicants must complete the required application form and return it to the Employment/Training Officer at the Kitigan Zibi Anishinabeg Administration Office.

No applications for assistance will be reviewed by the Kitigan Zibi Human Resource Development Board until the required documentation is submitted. (Please see documentation needed under appropriate section of funding being sought.)

It is the responsibility of the applicant to provide the information on the program he or she wants to attend and not that of the Kitigan Zibi Human Resource Development Board or its designated representative.

1.6 All completed applications will once received, be immediately put on an application waiting list. All requests will be treated on a "first come first served basis," based on the date the application was received, as well as the list of priorities listed below. Available funding will be directed at the following types of programs and broken down accordingly;

**50% of Annual Available KZHRDB Funding (Academic and Professional/Vocational Training)**

Priority List is as follows;

- Academic Upgrading in which the applicant has never accessed funding in the past;
- Academic Upgrading in which the applicant has accessed funding in the past, and still has a balance of weeks to access;
- Professional/Vocational Training in which the applicant has never accessed funding in the past;
- Professional/Vocational training in which the applicant has accessed funding in the past, and there remains a balance of weeks to access.

**25% of Annual Available KZHRDB Funding (Self Employment Assistance Requests)**

**25 % of Annual Available Funding (Employer Requests for On the Job Training or Wage Subsidy)**

Priority List is as follows;

1. On the job training
2. Wage subsidy



- 1.7 In the event of numerous requests being submitted for the same training course with the same training institution, the KZHRDB has the authority to limit the amount of approved requests within that training course. **Note that the list of priorities under section 1.6 will continue to apply.**
- 1.8 Only one training request (for academic and/or professional training) may be submitted by an individual at one time.
- 1.9 All clients who receive Employment Insurance and wish to participate in a program are subject to all laws and regulations set out in the National Employment Insurance Act of Canada.
- 1.10 **Nothing in this policy should be construed as “automatically being approved.”** All approved applications for financial assistance will be notified in writing by the Employment/Training Officer.
- 1.11 Funding for training (academic or professional/vocational) is intended for institutions and professional development centres not covered under the Post Secondary Student Support Program Policy.
- For Private Institutions, training fees (tuition, course fees, admission fees) up to a maximum of \$8,000 will be considered under this policy. Approval will depend on funding availability and overall number of training requests and employment opportunities.
- For out of province requests, applicants must seek funding from organizations in the region they are living in prior to applying with KZHRDB, and provide proof they have applied to these organizations.
- 1.12 Any course or program normally covered under the Post Secondary policy will not be considered under this policy.
- 1.13 All training allowances regardless of location of study in Canada will be paid at the established rate set out by the KZHRDB and in Canadian Funds. All funding is subject to annual funding availability received from the First Nation Human Resource Development Commission of Quebec (FNHRDCQ).
- 1.14 All attempts will be made to access funding for people with disabilities who wish to access programs under this policy. This will depend on funding availability.
- 1.15 The Kitigan Zibi Human Resource Development Board may approve part or all of a request based on the amount of budget available at the time of application.
- 1.16 In the event of dispute or requests not covered under this policy the interpretation of the Kitigan Zibi Human Resource Development Board will prevail.
- 1.17 Additional eligibility criteria may apply depending on the type of request submitted. Please see the appropriate section of funding being sought within this policy for more information and additional eligibility criteria.

- 1.18 Once an applicant is approved, they will receive an acceptance package outlining what the applicant was approved for, as well as forms which must be returned to the Employment/Training Officer.

In order to officially be accepted the form entitled, "Confirmation of Acceptance or Rejection of Funding," (see Appendix VI) must be returned to the Employment/Training Officer within three (3) weeks from the date that is indicated on the acceptance package. Failure to return the required form within this period of time will result in the request being cancelled.

- 1.19 Approved requests are not transferable to other applicants under any circumstance. In the event that an applicant decides to withdraw their original application, funds will be released in the category of funding it originates from (eg. Training) and requests will be processed as per the list of priorities as per section 1.6.
- 1.20 Before any funds are administered, a tripartite agreement will be signed between the Employment/Training Officer, the applicant as well as the Training Institution and/or Employer. No funds will be released before this agreement has been signed by all parties.
- 1.21 Applicants must commence their training or project in the fiscal year that they were approved (April 1<sup>st</sup> - March 31<sup>st</sup> ).

## 2.0 APPLICATION PROCESS / DEADLINES

- 2.1 At the beginning of each fiscal year (April 1<sup>st</sup>) the KZHRDB will conduct a budget planning exercise. At this time all requests for the new fiscal year will be reviewed and processed based on the list of priorities as outlined under section 1.6.

In order for requests to be considered during this exercise, requests for the new fiscal year will be accepted up until March 1<sup>st</sup> prior to the new fiscal year. Any requests submitted after this exercise has taken place, will be on a first come first served basis, based on the list of priorities, as well as funding availability.

- 2.2 A funding review will take place in approximately August and December of each fiscal year, as well as at anytime any additional funds are received from the First Nation Human Resource Development Commission of Quebec. At this time any approved applicants will be notified and given a deadline to commence their training, otherwise, they will lose their funds and need to submit a new application. Unused funds in any category will be allocated to training requests only, and priorities as outline in section 1.6 will apply.

2.3 Applications must be submitted to:

Kitigan Zibi Human Resource  
Development Board  
1, Paganakomin Mikan / Box 309  
Maniwaki, QC J9E 3C9  
Attention: Employment/  
Training Officer  
Tel: (819) 449-5170  
Fax: (819) 449-5673

2.4 The deadline to submit an application for financial assistance is a minimum of 30 days prior to the start date of the program. All requests will only be eligible for funding from the date the application is approved.

2.5 A written response to requests will be provided within 30 days of the date reviewed and/or approved.

### 3.0 TRAINING REQUESTS (ACADEMIC UPGRADING, PROFESSIONAL/VOCATIONAL AND SPECIALTY INTEREST TRAINING)

#### 3.1 Academic Upgrading

This type of support funding is aimed at individuals who wish to acquire prerequisites for vocational/professional training, or to complete their high school diploma. This type of support funding also includes literacy training. Training under this section may include preparatory training for vocational courses as well as preparatory training for employment.

3.2 **The maximum allowable weeks of support funding for academic upgrading is 104 weeks for a lifetime.**

#### 3.3 Professional/Vocational Training

This type of support funding is aimed at individuals who wish to acquire accredited vocational skills that lead to a diploma or a certificate(completion of several courses). Also this type of support funding may also be used for training that leads to labour market integration. Training under this section should be training that leads to an attestation of vocation studies, a vocational studies program, attestation of vocational specialization, attestation of collegial studies, customized training (does not include workshops) or non-accredited training.

3.4 **The maximum allowable weeks of support funding for professional/vocational training is 78 weeks for a lifetime.**

3.5 Allowable weeks of funding constitutes the use of training allowances. Therefore, the receipt of **one week of training allowance = the use of one week of funding**.

3.6 Funding for training (academic or professional/vocational) is intended for institutions and professional development centres not covered under the Post Secondary Student Support Program Policy.

3.7 Any course normally covered under the Post Secondary Student Support policy will not be considered under this policy.



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## TRAINING REQUESTS

- Academic Upgrading
- Literacy Training
- Professional/  
Vocational Training
- Specialty Training  
(Interest Courses)



### 3.8 Specialty Interest Training

Regarding any courses that do not fall into any of the abovementioned categories (Academic Upgrading, Professional/Vocational training), because they do not lead to a certificate or diploma will be considered as a specialty interest course. Training that qualifies under this category includes training workshops, 2-3 day training programs etc. Annually, a maximum amount of six thousand (\$ 6,000) will be set aside for all specialized training program requests, in which only the coverage of the tuition of the required fees (tuition and books) will be considered for approval. There will be no coverage of meals, parking, childcare, allowances, accommodations, honorarium, per diem, salary nor travel. This funding will be on a first come first served basis and will not exceed \$ 750 per request.

**Individuals will be allowed to access the specialty course funding a maximum of five (5) times every five (5) years.**

- 3.9 Occupational Skills Training courses covered under this section include First Aid/CPR training, safety training, boating licenses, firearms licenses, customised pre-employment training (eg. Mining Essentials), some professional accreditation programs offered by the private sector (eg. Canadian Securities Institute), Truck Driving courses/licenses/permits (Class 1 & 3) provided they are required to carry out the duties of the trade or work of individual and/or it is linked to employment.

Training which is not covered under this section include regular driver's license training, aviation courses, etc.

- 3.10 All training institutions must be training institutions as defined by the Kitigan Zibi Human Resource Development Board.
- 3.11 A copy of full participation must be immediately forwarded to the Employment/Training Officer.

## 4.0 PART TIME AND FULL TIME TRAINING

- 4.1 In order to be considered attending full time and therefore be eligible to receive training allowances, the applicant must be attending training in person a minimum of 20 hours per week of actual attendance in the classroom. (Does not include study time, online courses, or any other course delivered via any other medium.)
- 4.2 Any training that is 19 hours or less will be considered part time for which the applicant will not be eligible to receive training allowances.

## 5.0 TUITION AND BOOKS

- 5.1 The Kitigan Zibi Anishinabeg Human Resources Development Board will be responsible for paying the tuition invoices for training requests that have received prior approval. No tuition payments will be made to individuals unless it was previously approved by the Employment/





Training Officer. Any tuition reimbursed directly to a participant by the training institution, must be immediately remitted to the KZHRDB. Failure to remit reimbursement will result in funding being owed to the Band and therefore an accounts receivable (A/R) will be set up.

5.2 Tuition payments will be made payable in Canadian Funds to the training institution subject to an agreement signed between the Kitigan Zibi Human Resources Board and the approved Training Institution.

5.3 The Board reserves the right to pay part of or all of the tuition payments depending upon the following reasons:

- i) average tuition fee for a Canadian program at a Canadian institution.
- ii) available budget at the time of request

5.4 The purchase of mandatory books and modules required to study in a program may be reimbursed up to a maximum of \$500. A detailed book list indicating that designated books are >mandatory= must be signed by the training institution. Funding is not available to replace lost, stolen or damaged books.

5.5 No retroactive reimbursements will be made to an applicant who has prepaid tuition, books, equipment or any other fee without prior written authorization or approval from the Kitigan Zibi Human Resource Development Board.

## 6.0 SPECIAL MANDATORY EQUIPMENT FUNDING

6.1 Mandatory equipment may be funded. Eg. Calculator However, a request for equipment must be made with the initial application. School/student supplies such as pens, pencils, papers etc. are not considered mandatory equipment.

6.2 This policy does not allow for replacement of lost, stolen, or damaged equipment regardless of the reason. *Full-time* Students may receive an allocation of up to \$1,000.00 once per lifetime, for the purchase of a NEW desktop computer system or laptop. This is not meant for Tablets or Ipads. Approval is subject to budget availability. Students must officially register for full time studies and apply for funding with KZHRDB, prior to receiving a reimbursement for the purchase of a computer.

All requests for reimbursements must include an ORIGINAL, OFFICIAL receipt to be forwarded to the Employment/Training Officer. No cell phone pictures of receipts are permitted.

6.3 A letter from the training institution is required stating that the equipment being requested is mandatory for the program in order to receive special consideration for funding for special mandatory equipment.

6.4 Equipment will not be purchased for courses that are less than 20 hours per week.



## 7.0 TRAINING ALLOWANCES

7.1 Please see Allowance Table under Appendix V at the end of this policy, which outlines that amount of training allowance to be issued according to the applicant's situation. Also, the form "Payment of Allowances," (see Appendix VII) must be filled out in order to confirm how allowances will be issued to the participant.

7.2 In order to be entitled to receive a training allowance the training must be considered full time that is attending 20 hours or more per week of in class attendance (not including study time). Any time that a student attends under the mandatory 20 hours per week will result in a deduction in training allowance for every hour not attended under the mandatory 20 hours per week.

7.3 Allowances are intended for participants who need financial assistance to attend a program. The rate of a training allowance is established using the following:

- i) The number of legal dependants of the Kitigan Zibi Anishinabeg applicant who normally reside with the applicant, and are dependant on the applicant for support.
- ii) Legal dependants under the age of 18 who are not in receipt of any living allowances from other programs providing living allowances.

iii) Where there is a legal separation, or if children are in foster care, the training allowance rate will be pro-rated to the number of overnight visits during the month that the dependants are in the care of the applicant who has primary custody. To be eligible for this rate, the overnight visits must not be less than three (3) consecutive nights during the month. Each request will be evaluated and considered based on the situation and documentation that is submitted by the applicant.

7.4 Employment Insurance recipients must continue to receive E.I. benefits if they are entitled to receive benefits. As well they may receive a supplemental allowance while attending training. The E.I. supplement will be to top up the current amount of E.I. being received up to the training allowance rate normally received. If the participant's EI is above that of the training allowance rate, then they will not be eligible for a training allowance supplement.

Employment Insurance recipients who are approved for training must also fill out HRDC-5159 form in order to register their training with Employment Insurance (E.I.). However, this policy and apply to Section 63 of the EI Act. Rates established for EI participants is dependant upon the current benefits' rate.

7.5 The minimum training allowance rate is set at \$224.25 per week for a single person receiving a training allowance. Please note that participants that have an



- “Accounts Receivable” or are in default with the Kitigan Zibi Anishinabeg will receive a basic rate less any authorized deductions.
- 7.6 The amount of contribution that a participant receives is dependant upon the availability of budget and KZHRDB approval. For example, a participant may receive funding for tuition costs and may not receive a training allowance.
- Should the participant be receiving full assistance for all training fees, mandatory equipment and training allowances from another funding source, they will be deemed ineligible for assistance from KZHRDB. The only exception is in the event that the participant is receiving less than allowable funding provided by KZHRDB, in which case they may be eligible for a topper.
- 7.7 It is the responsibility of the participant to give the Kitigan Zibi Anishinabeg representative all the information needed to get their payments started on time, received in the correct amount, and kept on schedule. The participant must immediately notify the Employment/ Training Officer of changes in: address, legal dependants or living circumstances eg. dependent legal custody, which could affect the rate of allowances during the training period. Please note that failure to immediately notify the Employment/ Training Officer of any changes in the student’s status will result in the late issuance of allowances. Participants should note that no allowance will be paid if the course they are registered in is cancelled, postponed, or if they are not attending.
- 7.8 Allowances are issued every two weeks according to an established schedule.
- 7.9 Participants have the option of receiving their allowance by cheque or direct deposit. It is the responsibility of the participant to provide the Employment/ Training Officer with a void cheque for direct deposit. Participants wishing to receive their allowances by direct deposit may have an account at any bank in Canada.
- 7.10 Allowances that are direct deposited are normally done on every second Wednesday of the month. Allowances are not considered late until 24 hours after the banking transaction has taken place. It is not the responsibility of the Kitigan Zibi Anishinabeg to pay services charges incurred due to delays in allowance deposits being made by the bank. (Please see Appendix V for the list of deposit dates.)
- 7.11 There will be no advances in allowances for whatever reason as of the date this policy takes effect.
- 7.12 Allowances not deposited in the bank can be picked up by the participant only, at the Band Office from 8:00-4:00 p.m. on the dates stipulated on the schedule. Where a participant is not in the immediate Maniwaki area, allowances will be mailed via regular mail on the date stipulated. Any delay in the mail system is not the responsibility of the Kitigan Zibi Anishinabeg.
- 7.13 Lost or stolen cheques are the responsibility of the participant. The KZHRDB will not reprint any cheque which has been reported as lost or stolen.



7.14 For the purpose of this policy, a dependant is a person *who is less than 18 years of age and is a legal (biological and/or legally adopted) child of the applicant.*

7.15 In order to receive funding for a dependant, a medical card and/or birth certificate must be provided for each child. Please note that the parent's names must appear on these supporting documents. If the custody of the child is in question, the KZHRDB reserves the right to terminate support for the child until sufficient proof is provided such as a **legal court document** that states which parent has legal custody.

**In the case of shared custody, participants must provide:**

- **Judgement of the Court; or**
- **A letter signed by both parents with the shared custody schedule; or**
- **a letter signed by a social worker or mediator.**

Any adjustments to training allowances as a result of the legal court document will be made as of the date of said document.

7.16 Under the terms of the Kitigan Zibi Human Resources Student Support Policy, a dependant is an individual as per section 7.14, who is not receiving a post secondary allowance, an in-school allowance, a training allowance or welfare from the Kitigan Zibi Anishinabeg Band or any other agency. Additionally, the dependant must not be receiving Employment Insurance or be under the care of Social Services.

7.17 Training Allowances are calculated based on the particular situation of the participant and number of dependants.

7.18 Please be advised that the approved rates for all training allowances come into effect for all training allowances as of April 1<sup>st</sup> for the upcoming fiscal year. Please note that the KZHRDB will not provide retroactive payments for participants who are currently in a training program. Rates only apply to individuals who have started receiving allowances after April 1<sup>st</sup>, in which adjustments will be made during the regular payment schedule.

7.19 Allowances for childcare, travel, and other assistance has been incorporated in a global allowance rate so as to ensure fairness for all participants regardless of where they reside.

7.20 Allowance rates have been adjusted to create consistency in rates for training and education so as to provide more opportunities and choice for individuals pursuing education and training.

## 8.0 OVERPAYMENT OF ALLOWANCES

8.1 The information given by the applicant for the determination of allowances must be accurate. If an incorrect statement is made, any overpayment will have to be repaid. Individuals who knowingly make a false statement are subject to legal penalty and probation.

8.2 Any overpayment of allowances due to late attendance reports from training centres or other reasons will be recuperated



by the Kitigan Zibi Anishinabeg Human Resources Development Board through deductions on future training allowance payments to the participant.

- 8.3 Whenever possible, the Employment/ Training Officer will attempt to work out a repayment agreement of no less than 30% of the training allowance to be repaid within a reasonable amount of time.

## 9.0 ATTENDANCE

- 9.1 The applicant who is approved to attend training full time and who is provided a training allowance is expected to attend courses on a regular basis. Funds will be deducted from the approved applicants' training allowance for any time the approved applicant misses under the minimum 20 hours per week. **An hourly rate is established based on the weekly allowance divided by the number of hours of training per week.**

After three (3) weeks of continuous *non-justified* absences of 19 hours or less, the participant will be considered part-time, and therefore will no longer be eligible to receive a training allowance. His/her file will be immediately changed from full-time to part-time status.

- 9.2 An attendance sheet must be forwarded to the Employment/Training Officer a minimum of one time per month. All participants are subject to the attendance regulations of their training institution they are attending as well.

- 9.3 In regards to sick leave, each participant who is considered full time will be allowed sick leave to a maximum of (1) one day per month. These days will only be allocated and will not result in a deduction in training allowance, if it is justified by a doctor's note for the participant or any one of their dependents. Any sick days used over the one (1) day per month will result in a deduction in training allowance (regardless if they are justified with a doctor's note).

- 9.4 Approved applicants will be allowed three (3) consecutive school days of bereavement leave for the death of someone within the immediate family. Immediately family is defined as; spouse, son, daughter, stepchildren, mother, father, brother, sister, mother/father-in-law, grandparent, aunt, uncle, niece, nephew, brother/sister-in-law, a person living in the same household and considered being part of the family.

## 10.0 TEST/EXAM RETAKES

- 10.1 Participants who have received financial assistance and are required to rewrite/redo an exam due to failure of one or more courses in which there are associated costs, may receive assistance with the following condition(s):
- a) Only one rewrite of an exam may be authorized by the Employment/Training Officer. However, this is not an automatic process and is subject to a prior



formal request being presented to the Employment/Training Officer.

- b) Participants who fail part or the entire program funded by the KZHRDB will be put on Academic Probation (please see section 11.8).

completion of the program. A rate of 10% of absences justified or not justified will cause the automatic review and possible termination for financial assistance.

- d) who is removed from the program by the training institution for any reason.

- e) whose performance poses a threat to the successful completion of the program.

- f) who voluntarily quits the program.

## 11.0 TERMINATION OF ASSISTANCE AND ACADEMIC PROBATION

11.1 The KZHRDB will immediately terminate part or all educational assistance to a participant:

- a. who becomes a part-time participant (less than 20 hours per week) during the course of the program which requires full time attendance. The participant must inform the Employment/Training Officer of any changes from full time to part time status. Part time participants may be eligible for the cost reimbursement related to tuition and mandatory materials only.
- b. who receives an allowance cheque for a period where he or she had voluntarily abandoned or was removed from the program. The participant must immediately return this allowance(s) to the KZHRDB.
- c) who is regularly absent from the program and whose absences pose a serious threat to the successful

11.2 An absence of ten consecutive days (regardless of the reason) will be considered an automatic abandonment from the program and all funding will be terminated.

11.3 Participants who are approved to attend training and are receiving Part 1 Employment Insurance benefits under the Employment Insurance act, and abandon or are removed from their training will be considered as no longer participating in a measure and all necessary interventions taken by the KZHRDB will take place to terminate this process.

The KZHRDB is in no way responsible for any consequences that may be imposed by Employment Insurance for leaving or abandoning training.

11.4 Participants who register for a training program, and have been approved for funding from the KZHRDB and who receive a training allowance to commence classes, but who do not attend classes







at the institution or who decide not to attend the institution, must return to the KZHRDB all allowances which were issued, as well as any tuition which was paid in advance on their behalf which was unable to be recuperated from the institution.

- 11.5 A full or part time funded participant, who decides to leave their program of training, prior to the completion of their program, must submit proof that they were in full time attendance during their registration with the institution in order for the participant not to owe any training allowances. Therefore, any amounts paid to the participant while they weren't attending will be owed, as well as any tuition which was paid in advance on their behalf and was unable to be recuperated from the institution.
- 11.6 If a participant abandons or is removed from their training program (regardless of the reason) then that participant must provide letters that he or she was in attendance at least 20 hours per week for the period funded. Failure to provide these documents will result in the participant owing back the training allowances which were issued to them, the amount which was issued to purchase mandatory materials as well as any tuition which was paid in advance on their behalf and was unable to be recuperated from the institution.
- 11.7 If a participant has to leave a training program due to a medical reason, the participant will be exempted from owing the band any allowances that were issued to the participant. This exemption will

only be granted once a sufficient amount of proof and a doctor's note has been submitted, and that the medical reason is a direct reason why they cannot return to training. Nevertheless, the participant will still be liable and owe back the KZA any tuition which was paid in advance and unable to be recuperated from the institution, and/or material fees that were paid to the participant.

- 11.8 If a participant abandons their program for a non-medical reason, or is removed from a training program will be put on "**Probation 1**", and will be unable to make another application to the KZHRDB for a period of 12 months commencing from the last day of attendance at their previous training. The only exception is that of leaving a program due to a medical reason. (A medical report must be submitted which is filled out by a medical practitioner.)

If after a period of 12 months a participant makes an application and is approved for funding, and again abandons or is removed from their training program, he or she will be put on "**Probation 2**" and unable to make another application to the KZHRDB for a period of 24 months commencing from the last day of attendance at their previous training. Again, the only exception is that of leaving a program due to a medical reason for which a report has been submitted by a medical doctor.

If after a period of 24 months a participant makes an application and is approved for funding, and again abandons or is



removed from the program, they will then be considered “**Excluded**”, in which that participant will be unable to submit a new application to the KZHRDB for a minimum period of ten (10) years.

- 11.9 Once it has been established that the participant owes the KZHRDB, an accounts receivable will be set up with the Kitigan Zibi Anishinabeg (KZA) in which any source of revenue/funding received through the KZA will be deducted at a rate of 30% until the amount owed is completely recuperated. The KZHRDB subject to KZA Band Council approval, reserves the right to recuperate funds owed through any/all legal means.
- 11.10 No participant will be eligible for funding from the KZHRDB until any and all amounts owed to the KZHRDB have been paid back in full.





A decorative border made of small, light gray triangles surrounds the entire page. In the center, a light gray circle contains text. Around this circle, approximately 15 black leaf-like shapes are arranged in a ring, each with a white stem and veins.

## ON THE JOB TRAINING - Wage Subsidy

- **Unemployed Individuals:** Allows employers to train new employees and allow them to acquire skills through “learning while doing”.



## 12.0 ON THE JOB TRAINING

- 12.1 This type of funding is aimed at one type of applicant, those applicants who have found an employer who would be willing to hire and train them. Priority will be given to on-reserve businesses.
- 12.2 “Employers” are those whose business is legally registered.

### Profit/Non-Profit Organizations

For Profit	
<i>Salaries: weeks 1 to 52</i>	<ul style="list-style-type: none"> <li>The KZHRDB will contribute 90% of participant’s hourly rate, up to a maximum contribution as per the KZA minimum wage.</li> </ul>
<i>M.E.R.C</i>	<ul style="list-style-type: none"> <li>The employer covers mandatory employment related costs.</li> </ul>

## 13.0 UNEMPLOYED INDIVIDUALS WHO HAVE FOUND AN EMPLOYER WHO WILL HIRE AND TRAIN

- 13.1 Employers under this type of funding must fill out the application for “On the job training” (see Appendix II), and include a letter that the client will continue to be employed by the employer once funding for the training has ceased.
- 13.2 Employers will also be required to submit a detailed week-by-week training plan outlining the areas that the client will be trained in week by week. (Please see template which the employer must fill in under Appendix III ). The plan must be approved by the KZHRDB before any funds are forwarded to the employer.
- 13.3 The following is the maximum amount of contribution to be paid by the KZHRDB if and when the application for on-the-job training is approved as well as the detailed weekly training plan.

Non-Profit Organizations
<ul style="list-style-type: none"> <li>100% contribution</li> </ul>

IMPORTANT: Financial contributions by employers are mandatory.

**The maximum amount of funding available is one continuous block of up to 52 weeks of subsidized on-the-job training, per individual, per five (5) calendar year period. (This is subject to be changed as per the sponsoring employer. Eg. Employer may decide to shorten the training.)**

## 14.0 NEW BUSINESSES / WAGE SUBSIDY

This section is in addition to sections 12.0 and 13.0 of the KZHRDB Employment & Training Policy Guidelines.

- 14.1 New businesses may be entitled to employee Job Training funding assistance only if such employees have never received training in the applicable field of work.

14.2 Each request will be evaluated and considered based on the training program proposal submitted by the business owner.

14.3 The job training assistance is always subject to availability of funding and is on a first come, first serve basis for each fiscal year.

Employment must be for a minimum of (30) hours per week, and must not exceed forty (40) hours per week.

14.4 The employer must indicate its goals, objectives and intentions for the position in which they are requesting a wage subsidy within the training plan.

14.5 Employers may be requested to prove through official documentation that the funds received for the wage subsidy has been spent on wages. If the employer cannot prove that the funds that they received were used for their intended purpose, then the total amount issued to that employer will be considered a debt owed to the KZA.

14.6 The Employer is not entitled to receive any loans from the KZHRDB to pay for the employer's share of the salary.

14.7 The Employer agrees to abide by the applicable labour laws related to the business and operations. Eg. Safety

14.8 Approved applicants must follow the rules/regulations of their sponsoring employer. This includes the employer's hours of operation, holiday schedule etc.

**A maximum amount of Wage subsidy funding available for new Businesses is one continuous block of up to 52 weeks, per lifetime. Approval will depend on funding availability.**

#### Exceptions

- Expansion of business requiring additional employees;
- Existing business offering new services in order to enhance the business;
- Changes in technology requiring additional employees with expertise;
- Change in service options, requiring additional employees.

A business under these exceptions only, may access wage subsidy after a period of **five (5) years** from first application.

## **15.0 INADMISSIBLE EXPENSES**

15.1 Inadmissible expenses include; mandatory employment related costs, non-mandatory expenses such as union dues, contributions to pension plans, retirement plans, life insurance, and administrative costs payable by the employer and/or the employee.



## SELF-EMPLOYMENT ASSISTANCE (SEA)

- **Pre start up:** Intended for individuals who need support or training to help them in preparing their business plan.
- **Start-up:** Financial assistance for individuals who are starting up a new business.



## 16.0 BUSINESS PLANNING SUPPORT/TRAINING

- 16.1 The Business Planning Support/Training program provides Kitigan Zibi Anishinabeg entrepreneurs self-employment training allowances to plan, prepare and finish their business plan.
- 16.2 Once this funding is approved, the applicant (entrepreneur) is eligible to receive up to ten (10) weeks of self-employment training allowances, or Employment Insurance topover equal to the training allowance rate. Applicants (entrepreneurs) on Employment Insurance will be required to complete additional forms to register their self-employment assistance with Service Canada.
- 16.3 Approved applicants (entrepreneurs) must be unemployed in order to receive these support/training allowances. See below for Eligibility Criteria.

### ELIGIBILITY CRITERIA:

The applicant (entrepreneur) must:

- Complete the Self Employment Assistance Application (Appendix IV), and attach a detailed letter outlining their experience and the type of business venture they wish to startup;
- Provide an activity report and their most recent up to date business plan the 5th week of the Self Employment Assistance.

If the applicant (entrepreneur) fails to submit the following documents (activity report & recent business plan) this funding will be terminated immediately;

*A maximum of one - ten (10) week block will be granted for business planning support/training. Applicants (entrepreneurs) will only be allowed to access the Business Planning Support/Training program once per lifetime. This type of funding does not affect the New Business Startup Support (52) weeks training allowances.*

## 17.0 NEW BUSINESS STARTUP SUPPORT

- 17.1 This type of funding assists Kitigan Zibi Anishinabeg entrepreneurs financially with up to fifty-two (52) weeks of self-employment training allowances.
- 17.2 Applicants (entrepreneurs) currently on employment insurance will be required to complete additional forms to register their self-employment assistance with Service Canada, and if applicable, receive an employment insurance top over equal to the training allowance rate set out in this policy.
- 17.3 Once approved, the applicant (entrepreneur) will be eligible to receive up to a maximum of fifty-two (52) weeks of self-employment training allowances. Applicants (entrepreneurs) must complete the Self-Employment Assistance application (Appendix IV). See below for Eligibility Criteria. Priority will be given to on-reserve businesses.



**17.4 Priority will be given to on-reserve businesses.**

**ELIGIBILITY CRITERIA:**

The applicant (entrepreneur) must:

- Submit a completed business plan, along with a letter from the Economic Development Officer or professional resource hired by Kitigan Zibi Anishinabeg, confirming the completion and viability of the new business;
- Be ready to start his/her business or already be in operation within a one year time frame;
- Work full time on their business venture during the fifty-two (52) weeks of self-employment training allowances;
- Should the applicant leave in the middle of the program, he/she cannot return.
- Be unemployed in order to receive Self Employment Assistance Training allowances. In the event that the applicant commences employment during the term of the Self Employment Assistance program, he/she will from that point, no longer be eligible to receive self-employment assistance under this program;
- Submit an activity report and agree to respect the business start-up objectives as described in the applicants business plan;

***Applicants (entrepreneurs) will be allowed to access the New Business Startup Support funding once per lifetime.***





## SUMMER STUDENT PLACEMENTS/SUMMER STUDENT PROGRAM

**Purpose:** To enable students to acquire work experience, relevant to their field of study.

**Description:** Work experience program for students enrolled in a high school or post-secondary program, to provide them with supervised work experience during summer. This program allows students to develop their employability and professional skills, while gaining practical experience in their field of study.

Financial assistance is provided to the employer in the form of wage subsidy to encourage the hiring of students.

### Promoters/Employers:

The promoter must meet the following criteria:

- Be a private sector employer and/or a legally recognized non-profit organization.
- Have physical premises from which it operates.
- Provide work experience, enriching training experience and positive supervision.
- Be able to contribute to the participant's salary (if applicable), according to the type of organization.
- Submit a copy of the job description on an official letterhead document of the promoter/employer.
- It is mandatory that the project activities take place at the business workplace.
- Provide work experience relating to the student's field of study.
- Employment must be for a minimum of (30) hours per week, and must not exceed forty (40) hours per week.
- The number of weeks will depend on budget availability and the number of students applying for the Summer Student Program.
- Funding may not exceed beyond the beginning of the current school year.

## Student - Participant:

The student/participant must meet the following criteria:

- **Be a full time student and be enrolled full-time the following Fall (written proof required).**
- Be in Secondary IV or V.
- Minimum eligible age is fifteen (15) years of age before July 1<sup>st</sup> of the current year.
- Be enrolled in a college or university program.
- Post-Secondary students must be enrolled in four (4) courses or more.
- Secondary level students must have at least twenty (20) hours of courses per week.
- The summer job must be relevant to the student's field of study.
- A copy of the last report card is required.

## Levels of salary:

High School: Minimum wage for KZA

College: Minimum wage for KZA, plus one dollar (\$1.00)

University: Minimum wage for KZA, plus (\$2.00).

Type of Organization	Terms of Payment
<b>NON-PROFIT</b>	100% of hourly rate, to a maximum contribution as per the KZA Minimum wage.
<b>PRIVATE/FOR-PROFIT</b>	50% of hourly rate, to a maximum contribution as per the KZA Minimum wage.
<b>MERCS</b>	The Employer covers all mandatory employment related costs.

## APPEAL PROCEDURE

Any complaints launched either in writing will be responded to in writing detailing the proper steps of action to be followed. A person who feels unjustly treated in regards to this policy or feels that this policy has not been respected or followed, may appeal in writing no later than five (5) working days after the decision or action which is being appealed has occurred. The appeal shall be transmitted in writing to the Service Director or to the Band Council, explaining in detail the reason for the appeal.

Within ten (10) working days of the reception of the appeal, the Band Council shall appoint the Appeal Committee which will be made up of one member with experience in the related field of work of the appellant and two (2) Kitigan Zibi Anishinabeg administrators or other person appointed by the Band Council. To avoid real, or potential conflict of interests, the appointed members of the Appeal Committee must not have family relationship or be close friend with the appellant or be party to the appeal.

**The identity of the Appeal Committee members shall remain confidential throughout the appeal process.**

The Appeal Committee will proceed immediately at gathering the facts and questioning and hearing the parties. The Appeal Committee may seek legal advice or call upon outside professional resources if deemed necessary. The Appeal Committee shall have thirty (30) working days to arrive at a decision which will be final for all parties at the community level. The decision shall be transmitted in writing to the Kitigan Zibi Anishinabeg Band Council and to all parties without delay.

### STEP 1:

**Written appeal is made to the Service Director or Band Council. Appeal must be made within 5 working days after the decision for which there is an appeal being made.**

### STEP 2:

**Band Council will appoint an Appeal Committee within 10 working days from the receipt of the appeal.**

### STEP 3:

**Subject to the acceptance of the appeal, the Appeal Committee shall have 30 working days to arrive at their decision and to present their decision in writing to Director, who subsequently informs the appellant and the Band Council of the decision. The decision will be final and binding.**



## LIST OF APPENDICES

### **APPENDIX I**

Request for Funding for Common Law Spouses's Child

### **APPENDIX I (A)**

Application for Financial Assistance :  
Training Programs

### **APPENDIX II**

Application for Financial Assistance :  
On the Job Training/Wage Subsidy

### **APPENDIX III**

On-the-job Training Plan

### **APPENDIX IV**

Application for Financial Assistance :  
Self Employment Assistance

### **APPENDIX V**

Training Allowance Table

### **APPENDIX VI**

Confirmation of Acceptance or Rejection of Funding

### **APPENDIX VII**

Payment of Training Allowances

Kitigan Zibi Human Resources Development Board

*It is your responsibility to provide a complete application. Incomplete applications will not be presented to the KZHRDB and subsequently returned to you.*



## APPENDIX I

Request for funding for common law spouses's child who is  
A registered member of the Kitigan Zibi Anishinabeg and  
Has resided with the student for more than (1) year on a full-time basis.  
(Appendix I must be completed every semester for funding)

A.

I \_\_\_\_\_ do attest that I reside with \_\_\_\_\_  
Name of Student Name of common law spouse  
 and her/his daughter/son \_\_\_\_\_ since \_\_\_\_\_.  
Name of daughter/son Date

I have also been helping to raise \_\_\_\_\_.  
Name of daughter/son

I understand that it is my responsibility if there are any changes to that status to notify the Employment/Training Officer.

Failure to do so will result in me owing the Kitigan Zibi Anishinabeg an unjustifies overpayment.

\_\_\_\_\_  
 Signature of Student

B.

I, \_\_\_\_\_ am the common law spouse of \_\_\_\_\_  
Name of common law spouse Name of Student

I do attest that \_\_\_\_\_ has been residing and helping to raise my  
Name of Student

daughter/son \_\_\_\_\_ with me since \_\_\_\_\_.  
Name of daughter/son Date

I understand that it is my responsibility if there are any changes to that status, to notify the Employment/Training Officer. Failure to do so will result in the above-mentioned student owing the Kitigan Zibi Anishinabeg an unjustified overpayment.

\_\_\_\_\_  
 Signature of common law spouse.

N.B. It is the responsibility of the two said parties to notify the Employment/Training Officer of any changes in status of the above situation. Failure to do so will result in the student owing the Kitigan Zibi Anishinabeg unjustified overpayments.

Also, the Employment/Training Officer must receive the original Appendix I before the request will be considered.

□ \_\_\_\_\_ □



**APPENDIX I (A)**

## Application for Financial Assistance Training Programs Kitigan Zibi Human Resources Development Board

*It is your responsibility to provide a complete application. Incomplete applications will not be presented to the KZHRDB and subsequently returned to you.*

**I am applying for financial assistance for:**

- ☐ Academic Upgrading (Up to a maximum of 104 weeks)
- ☐ Professional / Vocational Training (Up to a maximum of 78 weeks)
- ☐ Specialty Training (Up to a maximum of \$750)

## Applicant Personal Information

First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

Phone Number : (     ) \_\_\_\_\_ Messages: (     ) \_\_\_\_\_

Email address : \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Insurance Number \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y

A) Are you a registered Kitigan Zibi Anishinabeg Band Member? \_\_\_\_\_  
Yes No

If Yes, please indicate your Band Number \_\_\_\_\_

B) Marital Status (This question is for statistical purposes only, required by the Department of Human Resources and Skills Development Canada.)

Single \_\_\_\_\_ Married or Common Law \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_

- C) How many dependents do you currently have in your care? A dependent is considered children under the age of 18 and who is your legal dependant. Dependent does not include your spouse. This information is required in order to determine the amount and type of allowances you may be eligible for. (If approved you will need to submit copies of birth certificates and/or medical cards.)

Number of children under 18: \_\_\_\_\_

Name	Date of Birth

- D) What is your current source of income?

- ☐ Employment Insurance      ☐ No Revenue  
☐ Social Assistance      ☐ Currently Employed  
☐ CSST      ☐ Other - Please specify: \_\_\_\_\_  
☐ Post Secondary

- E) If you are not currently receiving Employment Insurance Benefits, have you received benefits in the last 36 months ( 3 years) ?

\_\_\_\_\_  
 Yes                      No

- F) If you are not in receipt of Employment Insurance benefits, do you require a training allowance? (Training needs to be a minimum of 20 hours per week). The KZHRDB has set rates and criteria on this subject please refer to the policy and guidelines.

\_\_\_\_\_  
 Yes                      No

- G) Permanent Residence:

☐ On Reserve      ☐ Off Reserve - Canada      ☐ Off Reserve - Elsewhere

- H) Do you have a disability? \_\_\_\_\_

Yes                      No  
 If yes, is it  
                                 Permanent                      Temporary

- I) What is your highest level of completed education? \_\_\_\_\_



**Information on Training Program**

Course Title: \_\_\_\_\_

Training Institution Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_

Cost for Tuition: \_\_\_\_\_

Cost for Mandatory Equipment: \_\_\_\_\_

**Please attach any and all information about your course to your application.**

**Declaration**

I solemnly declare, in the knowledge that this declaration has the same force and effect as one sworn under oath, that the information provided is accurate and complete. I authorize the KZHRDB to share this information with the authorities providing my funding. Further, I authorize the KZHRDB representative to obtain any information required to establish or maintain my eligibility to assistance and I authorize any agency contacted by the administrator to provide the information requested. I understand and agree that my application will be automatically withdrawn and will not be considered if information in this application is found to be not true.

I agree that I have read the contents of the Kitigan Zibi Human Resource Development Board - Employment & Training Policy and Guidelines, and agree to abide by the regulations and rules stipulated within the policy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian of applicant under 18  
years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





## APPENDIX II



### **Kitigan Zibi Anishinabeg**

P.O. Box 309, Maniwaki, PQ J9E 3C9 Tel: (819) 449-5170 Fax: (819) 449-5673

#### **Application for Financial Assistance On The Job Training - Wage Subsidy Kitigan Zibi Human Resources Development Board**

***I am applying for financial assistance for:***

☐

Wage Subsidy/ On Job Training - (Requires a detailed training plan.)

**A letter of continued client employment once funding is ended is required.**

#### **Applicant Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number : ( ) \_\_\_\_\_ Messages: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Insurance Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
D M Y

A) Are you a registered Kitigan Zibi Anishinabeg Band Member? \_\_\_\_\_  
Yes No

If Yes, please indicate your Band Number \_\_\_\_\_

B) Marital Status (This question is for statistical purposes only required by the Department of Human Resources and Skills Development Canada)

Single \_\_\_\_\_ Married or Common Law \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_

# KITIGAN ZIBI HUMAN RESOURCE DEVELOPMENT BOARD

- C) How many dependents do you currently have in your care? A dependent is considered children under the age of 18 and who is your legal dependant. Dependent does not include your spouse. This information is required in order to determine the amount and type of allowances you may be eligible for. (If approved you will need to submit copies of birth certificates and/or medical cards.)

Number of children under 18: \_\_\_\_\_

Name	Date of Birth

- D) What is your current source of income?

<input type="checkbox"/> Employment Insurance	<input type="checkbox"/> No Revenue
<input type="checkbox"/> Social Assistance	<input type="checkbox"/> Currently Employed
<input type="checkbox"/> CSST	<input type="checkbox"/> Other - Please specify: _____
<input type="checkbox"/> Post Secondary	

- E) Have you received Employment Insurance (E.I.) Benefits, in the last 36 months ( 3 years ) ?

\_\_\_\_\_ Yes \_\_\_\_\_ No

- F) What is your highest level of completed education? \_\_\_\_\_

## Employer Information

Employer Name: \_\_\_\_\_

(Employer must be legally registered)

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit

## KITIGAN ZIBI HUMAN RESOURCE DEVELOPMENT BOARD



### Employment Information

Job Title: \_\_\_\_\_ (Please attach a job description.)

Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                    D           M           Y

End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                    D           M           Y

Total Weeks: \_\_\_\_\_

# Hours per week: \_\_\_\_\_

Hourly Rate being paid by Employer:   \$\_\_\_\_\_

Do you currently have a completed training plan for every week of training?

A letter of continued client employment once funding is ended is required.

\_\_\_\_\_ Yes (please attach)       \_\_\_\_\_ No (Please fill out Appendix III of this policy)

### Declaration

Both the Applicant and the Employer declare that this declaration has the same force and effect as one sworn under oath, and that the information provided is accurate and complete. Both the Applicant and the Employer authorize the KZHRDB to share this information with the authorities providing funding. Further, the Applicant and Employer authorize the KZHRDB representative to obtain any information required to establish or maintain eligibility to assistance and authorize any agency contacted by the administrator to provide the information requested. Both the Applicant and the Employer understand and agree that the application will be automatically withdrawn and will not be considered if information in this application is found to be not true.

Both the Applicant and the Employer agree that they have read the contents of the Kitigan Zibi Human Resource Development Board - Employment & Training Policy and Guidelines, and agree to abide by the regulations and rules stipulated within the policy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





**APPENDIX III**  
**ON -THE- JOB TRAINING PLAN**

**Training Objectives**

1. List the goals and objectives of the training program.

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2. What skills will the trainee acquire during the program?

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**Methods of the Training Program**

3. List the methods and activities to be used to achieve the training goal and objectives.

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4. List specialized equipment that the trainee will use during the program, if any.

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**Supervision and Evaluation**

5. Who will be the trainee's **immediate** supervisor?

Name:

6. How will the trainee's progress be monitored during the course of the program?

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7. List **chronological phases** with main objectives and tasks involved for each phase of the training program including **duration** of each phase. ( If you require more phases just make copies of this page.)

Phase #	Main Objective	Tasks Involved to meet Objective	Time (Weeks/Hours)

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## APPENDIX IV

<b>Application for Financial Assistance</b> <b>Self Employment Assistance</b> <b>Kitigan Zibi Human Resources Development Board</b>
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***I am applying for financial assistance for:***

☐ Pre-Start Up Support/Training (Maximum of 10 weeks)

☐ First Year Financial Assistance during First Year of Business (maximum 52 weeks)

- ☐ Pre-Start Up Support/Training (Maximum of 10 weeks)
- ☐ First Year Financial Assistance during First Year of Business (maximum 52 weeks)

<b>Applicant Personal Information</b>
---------------------------------------

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Number : (      ) \_\_\_\_\_ Messages: (      ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Insurance Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
D M Y

- A) Are you a registered Kitigan Zibi Anishinabeg Band Member?                        
Yes No

If Yes, please indicate your Band Number \_\_\_\_\_

- B) Marital Status (This question is for statistical purposes only required by the Department of Human Resources and Skills Development Canada)

Single\_\_\_\_\_ Married or Common Law\_\_\_\_\_ Divorced\_\_\_\_\_ Widow\_\_\_\_\_

- C) How many dependents do you currently have in your care? A dependent is considered children under the age of 18 and who is your legal dependant. Dependent does not include your spouse. This information is required in order to determine the amount and type of allowances you may be eligible for. (If approved you will need to submit copies of birth certificates and/or medical cards.)

Number of children under 18: \_\_\_\_\_

D) What is your current source of income?

- |   |  |
|---|--|
| <input type="checkbox"/> Employment Insurance | <input type="checkbox"/> No Revenue                    |
| <input type="checkbox"/> Social Assistance    | <input type="checkbox"/> Currently Employed            |
| <input type="checkbox"/> CSST                 | <input type="checkbox"/> Other - Please specify: _____ |
| <input type="checkbox"/> Post Secondary       |  |

E) Have you received Employment Insurance (E.I.) Benefits, in the last 36 months ( 3 years) ?

\_\_\_\_\_ Yes \_\_\_\_\_ No

F) What is your highest level of completed education? \_\_\_\_\_

<b>Information About your Business</b>
--

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_

What type of business is this?

- ☐ Sole Proprietorship    ☐ Partnership    ☐ Incorporated    ☐ Other: \_\_\_\_\_

What is the main purpose of your business? \_\_\_\_\_

How long has you business been in operation? \_\_\_\_\_

Do you have a completed business plan?    ☐ YES    ☐ NO

If yes, has the Economic Development Officer reviewed your plan and issued a letter indicating that your business plan is complete and viable?    ☐ YES    ☐ NO

**Business Start-up Support/Training**

Do you require any support or training to help you start-up your business?

☐ YES      ☐ NO, please skip this section.

What type of support or training do you require?

☐ Professional Resource    ☐ Training program      ☐ Other, specify: \_\_\_\_\_

Type of Support/Training to be provided: \_\_\_\_\_

Professional Resource /Training Institution Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cost: \_\_\_\_\_

Duration: \_\_\_\_\_

**Declaration**

I solemnly declare, in the knowledge that this declaration has the same force and effect as one sworn under oath, that the information provided is accurate and complete. I authorize the KZHRDB to share this information with the authorities providing my funding. Further, I authorize the KZHRDB representative to obtain any information required to establish or maintain my eligibility to assistance and I authorize any agency contacted by the administrator to provide the information requested. I understand and agree that my application will be automatically withdrawn and will not be considered if information in this application is found to be not true.

I agree that I have read the contents of the Kitigan Zibi Human Resource Development Board - Employment & Training Policy and Guidelines, and agree to abide by the regulations and rules stipulated within the policy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## APPENDIX V

### KITIGAN Zibi Human Resource Development Board

#### TRAINING ALLOWANCE TABLE

SITUATION	AMOUNT	POST SEC. RATES
No Dependants	\$243.75/wk	\$975.00/mth
1 dependant	\$338.50/wk	\$1,354.00/mth
2 dependants (and more)	\$419.25/wk	\$1,677.00/mth

**\* Dependants are legal dependants of the applicant who are under the age of 18 who are not in receipt of any living allowances from other programs providing living allowances**

**\*\* Applicants who are receiving Employment Insurance are entitled to a training allowance to cover up to the abovementioned amount. If the amount being received from Employment Insurance exceeds the training allowance rate, then no training allowance will be issued.**





## APPENDIX VI

Kitigan Zibi Human Resource Development Board

### **CONFIRMATION OF ACCEPTANCE OR REJECTION OF FUNDING**

- ☐ I, \_\_\_\_\_ acknowledge receipt of my acceptance package and declare that I will be commencing training for which I was approved.
- ☐ I, \_\_\_\_\_ acknowledge receipt of my acceptance package and declare that I will not be commencing training for which I was approved.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employment/Training Officer Signature**

\_\_\_\_\_  
**Date Received**





**APPENDIX VII**

Kitigan Zibi Human Resource Development Board

**PAYMENT OF TRAINING ALLOWANCES**

**Name:** \_\_\_\_\_

**I am requesting that payment of training allowances that I am eligible for be issued to me in the following format; (check one)**

☐ **Cheque**

☐ **Direct Deposit**  
(Fill out the following information or attach a blank cheque)

Bank Name: \_\_\_\_\_

Branch # : \_\_\_\_\_

Institution number# : \_\_\_\_\_

Account Number # : \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employment/Training Officer Signature**

\_\_\_\_\_  
**Date Received**







**KZHRDB**  
**EMPLOYMENT AND TRAINING**  
**POLICY & GUIDELINES**  
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