

Step One

This 8 week on-line course is designed to help the youth (ages 18 to 30) of the NWT to master essential skills needed to succeed in work and life. In this course, participants will get one on one training on the laptops used for this training, they will learn communications and critical thinking skills, learn how to use Microsoft Office Suite and resume and cover letter writing.

The objective of the program is to provide assistance to participants in obtaining meaningful, full-time employment or enrolling in an accredited continuing education program.

Participants may be eligible for a training allowance based on actual hours they participate in the on-line portion of the program. The Mine Training Society provides a laptop and internet service for the duration of the course.

To apply, you will need to meet the following requirements:

- You must be a Northwest Territories resident between the ages of 18 and 30.
- You must provide a copy of valid, government-issued identification that has your photo on it.
- You must submit this application in full. All sections are required.

If you have any questions, please get in touch with us.

Mine Training Society
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Yellowknife NT, X1A 1P8

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Client Assessment Form

(Please print clearly)

Full name:	Social Insurance Number:
Mailing address:	Residential address:
Primary telephone number:	Alternate telephone number:
Birthdate (month/day/year):	E-mail address:
Are you an Indigenous person of Canada? (yes or no):	Band or Claimant Group:
Are you a person with a disability? (yes or no)	Are you a new immigrant to Canada? (yes or no)
Preferred language (please specify if not English):	Sex (male/female/other):
Highest grade level completed:	Year completed:
Other education or training:	Year(s) completed:
Are you currently receiving Income Support benefits? (yes or no)	Are you currently receiving Employment Insurance benefits? (yes or no):
Marital status:	Do you have any dependents? (yes or no)
Do you have a valid driver's license? (yes or no)	Have you ever been convicted of a Criminal Offence? * (yes or no)

*You are not required to reveal a conviction under the Young Offenders Act nor the details of a conviction for which you have been granted a Pardon.

Career Employment Action Plan

1. Would you like to be employed in a full-time job or enrolled in an accredited education program within the next few months? If so, which one and why? If not, why not?

2. Do you have any barriers to employment?

(Please check all that apply)

<input type="checkbox"/>	None	<input type="checkbox"/>	Education
<input type="checkbox"/>	Lack of labour force attachment	<input type="checkbox"/>	Economic
<input type="checkbox"/>	Lack of work experience	<input type="checkbox"/>	Dependent care
<input type="checkbox"/>	Lack of transportation	<input type="checkbox"/>	Lack of marketable skills
<input type="checkbox"/>	Remoteness	<input type="checkbox"/>	Physical, emotional or mental health
<input type="checkbox"/>	Language	<input type="checkbox"/>	Not legally entitled to work in Canada
<input type="checkbox"/>	Criminal record	<input type="checkbox"/>	Other barrier not listed here

Comments:

3. What is your ideal job?

4. What education, training or experience do you have that can help you get your ideal job?

5. What things are you good at or that you enjoy doing that you can use in a new job?

6. Tell us about your work experience. (If you have a resume, you may attach it to this application form.)

7. Think about two jobs you've had in the past.
What did you enjoy and what did you not enjoy about them?

8. What kind of help do you need to get your ideal job?

Release Agreement and Participant Declaration

1. I hereby consent to sharing any of the information regarding my training and employment status and any aspect to be disclosed, when required on an as needed basis to the Government of Canada and its successor departments and agencies, as well as the Government of the Northwest Territories, Indigenous Governments, potential employers, and organizations under contract to provide employment related benefits and services. (Please initial) _____ .
 - a. I understand that information, when provided to Canada, is protected under Canada’s Privacy Act and that I have a right under the Privacy Act to obtain access to that information from Canada. (Please initial) _____ .

2. I hereby declare and acknowledge that the information contained within this document is complete and true in every respect. (Please initial) _____ .

3. I _____ agree to the use of my name, pictures, data and other relevant information by the Mine Training Society in documentary, newsletters, and statistics relevant to the training program, and the Mine Training Society having exclusive rights to use the pictures, video, statistics and relevant information at any time and for future use at the Mine Training Society, and I will have no future claim to the information, data, video or pictures. (Please initial) _____ .
 - a. I consent to the use and disclosure of elements of my personal information, contained in the said stories, photographs and/or video. (Please initial) _____ .

Participant’s Name (please print)	
Participant’s Signature	
Date	

Emergency Contact:

Name:	Phone Number:	Relationship to Participant: