



Local Delivery Mechanism
53 Hwy. 551 P.O. Box 333
M'Chigeeng, ON P0P 1G0
Phone 705-377-5362 Fax 705-377-4980

Mobility & Relocation Assistance Application

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

- Consent to the Request and Release of Information
- Participant Information Form
- Receipts Agreement
- Up-to-Date Resume
- Request Letter (detailed) Include: Name of Employer / Company, Position, Location of the interview, Title of the position, Date & Time of the interview, Contact name and Phone number of the Interviewer and how you will be travelling to the interview. What you will be requesting e.g., Mileage, Accommodations, Meals.
- Provide a copy of your "Interview confirmation" from the potential Employer

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



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Consent to Request and Release of Information

Last Name	First Name	Initial
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<input type="radio"/> Permanent	<input type="radio"/> Temporary Address	City	Province
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Telephone # (Home, Cell, Messages)	Email
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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		
Source of Income	Yes <input type="checkbox"/>	_____ No <input type="checkbox"/>
Ontario Works	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EI Claimant <input type="checkbox"/> Employment Insurance Claimant <input type="checkbox"/> Reach-Back Client <input type="checkbox"/> Non- Insured Client <input type="checkbox"/>		
Gross Weekly Rate \$		Number of Weeks Entitled
Have you collected Employment Insurance in past three years? <input type="checkbox"/> No <input type="checkbox"/> Yes		



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LDM Receipts Agreement

Last Name First Name Middle

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____

Signature

Signature of Witness