



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

Self-Employment Assistance 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
- Self Employment Research Questionnaire
- Detailed Request Letter / Letter of Intent to Start Business
Include details of your request, what you are planning to do, what you have already completed prior and detail of the business that you are endeavouring to start)
- Up-to-Date Resume
- 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



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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 regard 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"/>		
Social Assistance Recipient (Provincial of 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
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 Yes No If Yes, what type do you have: _____
 Do you own Vehicle Yes No

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 Costs:	



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Self-Employment Assistance 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 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 First Nation resources that will assist in guiding our children of tomorrow.

Researching the Business I Want

Each M'Chigeeng First Nation member must research the business field requested. You can do 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 business, the better your understanding of what this business entails. Obtaining this information first-hand - from someone already within that business, 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 to enter into this occupation? (If yes, please describe training needed)?

8. Is training needed to operate this business?



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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. What are the working conditions/environments? (Office, Outside, Shop, Travel etc...)

5. If required to relocate to pursue your business venture, are you willing to do so?

6. What types of commitments have you done so far to prove that you are sincere in successfully operating the business?

7. What are the anticipated annual revenues to be generated within your business?



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8. When does your business expect to be operational?

9. Have you contacted other funding agencies? If so, who? Name the Source of Funding

10. Have you completed a business plan?

11. What kind of advertising will you be doing for your business?

12. What type of training is needed to start and/or operate this business?

13. What related training have you completed?

14. Will you be taking any related training?

15. What assets/equity will you be contributing toward the business?
