

PART-TIME

Skills Investment Program (SIP) Checklist

Please ensure that you gather and complete all of the documents listed below, and submit them to NAIT Financial Aid. Please note that incomplete documentation could create a delay with your funding request. To submit your documents, you may drop them off in person to NAIT Financial Aid (O111, South Lobby) or mail them to:

NAIT Financial Aid
Room O111, 11762-106 Street
Edmonton, AB T5G 2R1

The following forms are in this envelope for you to complete in FULL:

- "Do You Qualify" Eligibility Questionnaire
- NAIT Client Information Form
- Part-Time Training Questionnaire
- AEII Registration Form (EMP 3961)
- Alberta Works SIP Part-Time Training Application (EMP 3554)

Additional forms to submit with this application:

- High School Transcripts or Statement of Marks
- College Preparation Plan (if applicable)
- ESL Placement Test (if applicable)
- Most Recent Grant Funded Semester Marks (if applicable)
- Resume (current)
- IQAS Results (if applicable)
- For first time Landed Immigrants and Sponsored Immigrants: Copy of your IMM1000 Record of Landing or your IMM5292 Confirmation of Permanent Residence.
- Any additional information to support your application (medical notes, Record of Employment, letters explaining prior training or funding attempts, etc...)

SKILLS INVESTMENT PROGRAM GRANT FUNDING CONTACT INFORMATION

The provision of a Contact name is voluntary. By providing us with this information, you are agreeing that we may contact one or more of these people in the event that we are unable to reach you. To remove or change a contact name, please contact your Case Manager at NAIT Financial Aid.

This information may be used to contact you during the period of time we have an active file with you. For example, we may contact you to change an appointment, to ask if the services or training have been helpful, or for follow-up and audit purposes. This follow up assists us in planning for future programs and services.

We recommend that you check with the person(s) whose name and phone number you are providing, so that they know you have given us permission to ask them for information. The only information we would be asking for would be a current phone number or address for you, or to request that they ask you to contact us.

Please provide a contact name and phone number of two individuals not living with you.

First Name:	Last Name:
Relationship (optional):	Phone:

First Name:	Last Name:
Relationship (optional):	Phone:

Signature:	Date (YY/MM/DD):
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We ask for this personal information for the purposes stated on this form. The collection, use and disclosure of your information is done under the authority of the Income and Employment Supports Act (Alberta) and the Employment Insurance Act (Canada), and is in compliance with the Freedom of Information and Protection of Privacy Act (Alberta) and the Privacy Act (Canada). If you have any questions about the collection of this information, you may contact the nearest office of Alberta Employment, Immigration & Industry (Alberta Service Centre/Canada-Alberta Service Centre).

SIP PART-TIME TRAINING QUESTIONNAIRE

Please complete all questions in detail.

Name

Last

First

What is your occupational/career goal?

What are the skills and/or training required for this goal?

What is the starting salary/wage of this occupation/goal?

What steps are required to reach your final occupation/career goal? Please detail how many part-time and full-time semesters you plan on completing.

List the specific courses for which you are requesting grant funding on this application. Include both course name and course number.

1.

2.

What is the anticipated change to your salary/wage once training is complete?

What benefits other than financial are expected after completion of training?

Please explain why you chose part-time learning to achieve your occupational/career goal:

The information that I have provided in this assessment interview is true and to the best of my knowledge.

Applicant Signature:	Date:
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Signature of Authorized Counselor:	Date:	Authorized Official Code
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Education/Training History

What was your **HIGHEST LEVEL** of elementary / junior high / or senior high school completed?
This is **mandatory information** for grant funding to be activated.

Institution Name:

City/Prov /Country:

Highest grade completed:

Estimated start date:
(mmm/dd/yyyy) / /

Estimated end date:
(mmm/dd/yyyy) / /

Program Type:
 full-time part-time distance

Received High School Diploma?
 yes no

Other Education/Training: (list most recent first)

Institution Name:

Type of Qualification:

City/Prov/Country:

- | | | |
|---|---|--|
| <input type="checkbox"/> ESL | <input type="checkbox"/> 1 yr certificate | <input type="checkbox"/> 1 st Year Apprentice |
| <input type="checkbox"/> GED | <input type="checkbox"/> 2 yr diploma | <input type="checkbox"/> 2 nd Year Apprentice |
| <input type="checkbox"/> College Entrance | <input type="checkbox"/> Applied Degree | <input type="checkbox"/> 3 rd Year Apprentice |
| | <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> 4 th Year Apprentice |
| | <input type="checkbox"/> Masters Degree | <input type="checkbox"/> Journeyman |
| | <input type="checkbox"/> Doctoral Degree | |

Estimated start date:
(mmm/dd/yyyy) / /

Estimated end date:
(mmm/dd/yyyy) / /

Program Type:
 full-time part-time distance

Completion Status:
 complete incomplete

Program Name:

Institution Name:

Type of Qualification:

City/Prov/Country:

- | | | |
|---|---|--|
| <input type="checkbox"/> ESL | <input type="checkbox"/> 1 yr certificate | <input type="checkbox"/> 1 st Year Apprentice |
| <input type="checkbox"/> GED | <input type="checkbox"/> 2 yr diploma | <input type="checkbox"/> 2 nd Year Apprentice |
| <input type="checkbox"/> College Entrance | <input type="checkbox"/> Applied Degree | <input type="checkbox"/> 3 rd Year Apprentice |
| | <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> 4 th Year Apprentice |
| | <input type="checkbox"/> Masters Degree | <input type="checkbox"/> Journeyman |
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Estimated start date:
(mmm/dd/yyyy) / /

Estimated end date:
(mmm/dd/yyyy) / /

Program Type:
 full-time part-time distance

Completion Status:
 complete incomplete

Program Name:

Employment History

Please list your **last four jobs and/or volunteer work** beginning with the current or most recent.

Company Name:	
Occupation/Job Title:	City/Prov or Country (if outside of Canada)
Estimated start date: (mmm/dd/yyyy) / /	Estimated end date: (mmm/dd/yyyy) / /
Average hours per week:	Wage: <input type="checkbox"/> per hour or <input type="checkbox"/> per month
Reason for leaving (leave blank if this is your current job):	
Company Name:	
Occupation/Job Title:	City/Prov or Country (if outside of Canada)
Estimated start date: (mmm/dd/yyyy) / /	Estimated end date: (mmm/dd/yyyy) / /
Average hours per week:	Wage: <input type="checkbox"/> per hour or <input type="checkbox"/> per month
Reason for leaving:	
Company Name:	
Occupation/Job Title:	City/Prov or Country (if outside of Canada)
Estimated start date: (mmm/dd/yyyy) / /	Estimated end date: (mmm/dd/yyyy) / /
Average hours per week:	Wage: <input type="checkbox"/> per hour or <input type="checkbox"/> per month
Reason for leaving:	
Company Name:	
Occupation/Job Title:	City/Prov or Country (if outside of Canada)
Estimated start date: (mmm/dd/yyyy) / /	Estimated end date: (mmm/dd/yyyy) / /
Average hours per week:	Wage: <input type="checkbox"/> per hour or <input type="checkbox"/> per month
Reason for leaving:	

