



# Listuguj Mi'gmaq Development Centre

## Employee Training & Development

### Program Description

#### OBJECTIVES

Intended for clients already in employment who must enhance their skills to remain competitive in the job market and who are not funded under another measure.

#### MEANS

Provide financial assistance to share the cost of designing or carrying out training programs implemented by employers for their staff in order to;

- Meet their present and future needs for the labour market in terms of qualified human resources.
- Enhance employees' skills affected by technological or job market changes, to enable them to maintain their jobs.
- Promote professional development for their staff.

#### CRITERIA

Employers must demonstrate that the training:

- Is part of the company's overall strategy.
- Will enhance the productivity and expertise of the company.
- Will benefit the employee.
- Will provide additional vocational skills enabling the worker to adapt to new duties or increase their knowledge.

The employer must provide a training plan, which must be approved by the employment counsellor.

#### TRAINING PLAN USER GUIDE

- Description of Training – State here the training that is needed in order for your employee to better perform their employment tasks and how it ties in with the organization's overall strategy. Each participating employee must complete the attached questionnaire to be included in the overall submission.
- Training Institute – You must provide the information from the institute about the required training, ie. description, duration, location, registration, tuition, certification to be attained, etc.

#### FUNDING

Contributions of 70% of the total project's training costs up to a maximum of **\$3,400** per participant per 12-month period may be provided.

- Conferences and seminars are not funded.
- Training allowances are not provided.
- Courses costing \$120 or less are not covered for participants who are employed on a permanent full-time year round basis, unless total family income is \$25,000 or less.

#### SPECIAL FUNDING

Persons with disabilities may be entitled to a contributions of 60% of the total costs of specialty equipment required for training in employment, up to a maximum of \$2,500 on a one-time basis may be provided

- The client and/or client's employer must provide 40% of the cost.
- The client must be the owner of the equipment.

**APPLICATION CRITERIA**

- Project sponsors must have a physical address at which they conduct operations.
- The subsidy must not be used for basic funding by the sponsor.
- The sponsor must be a profit or non-profit legally recognized entity.
- The sponsor must have the capacity to contribute to the project, if applicable.
- For profit sponsors can benefit from a maximum of two (2) projects per year.
- Expenses related to the project, paid by the sponsor without approval is not admissible.

**SPONSOR'S RESPONSIBILITY**

- Publicly acknowledge the financial assistance of the Listuguj Mi'gmaq Development Council.
- Advise training measure participants that they are being provided with an opportunity to acquire new skills and/or work experience.
- Complete all bookkeeping activities related to the project. A final review of the project will be carried out within sixty (60) days of the project completion date.
- Allow representatives of the Listuguj Mi'gmaq Development Centre to monitor the training activities. It is understood that failure to comply with the approved training or Return to Work Action plan will be reported to the Listuguj Mi'gmaq Development Centre.
- Advise the LMDC, in writing if, for any reason, one participant or more quits or must leave within the project's period of operation.
- Ensure that none of the participants of the project will be assigned to activities other than those related to the training.
- Provide the necessary framework and follow-up essential to attain the project's objectives.

**Prior to the project's start date, all potential participants must attend a scheduled appointment with Listuguj Mi'gmaq Development Centre's Career Counsellor to determine suitability and eligibility for the proposed training/employment measure. All candidates seeking financial assistance from the LMDCouncil will be subject to LMDCentre criteria. Non-compliance will result in a project delay or disqualification for funding.**



# Listuguj Mi'gmaq Development Centre

## Employee Training & Development Funding Application

*To be completed by SPONSOR/EMPL OYER*

IDENTIFICATION		
ORGANIZATION/EMPLOYER		
MAILING ADDRESS		
CITY/TOWN	PROVINCE	POSTAL CODE
TEL.:	FAX:	
CONTACT PERSON		

For Office Use Only		
File Number		
If Applicant has accessed funding in the past, has the waiting period been served?	YES	
	NO	
	N/A	
NOC:		

*Additional sheets may be attached if necessary.*

ORGANIZATION'S OVERALL STRATEGY

TRAINING PLAN

SIGNATURE
<p>_____</p> <p style="text-align: center;">Applicant's Signature</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date</p>

APPLICATION CHECK LIST
<ul style="list-style-type: none"> <li><input type="checkbox"/> Training information and travel expenditure information attached</li> <li><input type="checkbox"/> <b>CLIENT CONSENT/STATUS FORM</b> attached (per participant)</li> <li><input type="checkbox"/> <b>EMPLOYEE TRAINING &amp; DEVELOPMENT QUESTIONNAIRE</b> attached (per participant)</li> <li><input type="checkbox"/> CONFIRMATION OF FUNDS section authorized (upon completion of funding calculations by the LMDC)</li> </ul>

FUNDING			
<b>Training Start Date:</b>		<b>Training End Date:</b>	
<b>Departure Date (if applicable):</b>		<b>Return Date (if applicable):</b>	
	Total Cost	Employer Contribution	LMDC Contribution Request (70%)
Registration /application fee			
Tuition			
Travel			
Accommodations			
Meals			
<b>TOTALS</b>			

CONFIRMATION OF FUNDS	
<p>I (we) hereby attest the amount of \$ _____ necessary to realize the activities submitted in our project entitled _____, to the Listuguj Mi'gmaq Development Centre, is guaranteed through our organization.</p>	
_____	_____
Director/Manager	Date
_____	_____
Director of Finance (if applicable)	Date
_____	_____
Band Administrator (if applicable)	Date



# Listuguj Mi'gmaq Development Centre

## Employee Training & Development Questionnaire

The Listuguj Mi'gmaq Development Centre's Employment Training Development Program is intended for employed clients that must enhance their skills to remain competitive in the job market or for employers to promote professional development for their staff.

This questionnaire is part of the application process. Please complete the following and return to your employer.

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

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Training Course: \_\_\_\_\_

1. Are you aware of the training course objectives?

Y or N

2. After reviewing the course outline, what new skills/knowledge will you acquire? (Please list and indicate which you will apply to your present position.)

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3. Are you aware of the plan of action to implement the training once the course is complete?

Y or N



1. IDENTIFICATION		OFFICE USE ONLY	
CLIENT/PARTICIPANT			B1 – Professional Training
ADDRESS			B2 – General Academic Upgrading
CITY	PROVINCE	POSTAL CODE	B3 – Employee Training and Dev
TEL:	DOB: DAY MONTH YEAR		C1-Job Creation Initiatives
CELL:			C2-Self Employment Assistance
EMAIL			
SIN #	BAND #		

2. ADDITIONAL INFORMATION			
INCOME <input checked="" type="checkbox"/>	STATUS	DEPENDENTS	
EI Benefits	Gender	# of dependent children	
Employed	Marital Status	<b>Name</b>	<b>Age</b>
Social Assistance Benefits	Spoken Languages		
No income	Written languages		
Other			

3. EDUCATIONAL BACKGROUND <small>Please write name of institute where schooling was completed and dates attended.</small>					
Name of Institution		Dates attended		Name of Institution	
GED		Year Achieved		University	Start / End
AESS (QC)		Year Achieved		Correspondence	Start / End
HS Diploma		Start / End		Other:	Start / End
College		Start / End			

4. CONSENT TO RELEASE INFORMATION	
<p>I authorize the Listuguj Mi'gmaq Development Centre (LMDC) to verify my eligibility for Employment Insurance (EI) benefits. I also authorize the LMDC to confirm my membership to the Listuguj Mi'gmaq Nation.</p> <p>I authorize the release and use of any and all pertinent information related to my file to funding sources including Post-Secondary Education, Social Assistance and any provincial or federal funding agency.</p> <p><u>If necessary</u>, I authorize the following person(s) access to:</p> <p>Seek information related to my file _____</p> <p>Retrieve my cheque when requested _____</p> <p>As an LMDC client, I authorize the LMDC to have access to and share information related to my file, from/with other funding sources, educational institutes, ministries and organizations or employers and sponsors, as deemed pertinent to my action plan.</p> <p>I understand that information contained in my file will be released to Human Resources Development Canada (HRDC) for statistical purposes and notice of participation in a measure.</p>	
_____ Signature	_____ Date
_____ Witness	_____ Date