



Training and Employment Service Request (TESR)

The personal information you provide is being collected to determine eligibility and registration for funded employment and training programs and potentially for other services offered by the Government of Alberta. If you choose to apply, the personal information you provide will then be used and disclosed in the application process, for ongoing eligibility verification, the delivery of the programs, benefits or services and to assess and evaluate the effectiveness of programs and services offered by the Government of Alberta, if eligibility is confirmed.

The personal information provided is collected, used, and disclosed under the authority of sections 33-40 of the *Freedom of Information and Protection of Privacy Act* and various statutes establishing the programs. A list of programs, including the legislation authorizing each program, is available online. Go to <https://open.alberta.ca/dataset/27558892-7727-46ef-a424-cbf79c0797a1/resource/6173284c-9408-4f29-bffb-56cb354af7f1/download/alberta-supports-authorizing-legislation-2018-08.pdf>

If you have questions about the collection, use or disclosure of your personal information, please contact an Alberta Supports Coordinator if you are in an Alberta Supports Centre or contact the Alberta Supports Contact Centre at 1-877-644-9992 or 780-644-9992 (Edmonton).

Today's Date (mmm-dd-yyyy):

What training and/or employment service are you seeking today? **Type an X to the left of all that apply.**

- | | |
|---|---|
| <input type="checkbox"/> Career Advice | <input checked="" type="checkbox"/> Self-Employment |
| <input type="checkbox"/> Job Search Assistance | <input type="checkbox"/> Labour Market Information |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Foreign Credential Recognition |
| <input type="checkbox"/> Career Planning | <input type="checkbox"/> Work Experience |

Personal Information

Social Insurance Number (SIN):

If you prefer, you can call our Program Manager Dart Wooden at 780-293-4868 during business hours and give your Social Insurance Number over the phone.

Date of Birth (mmm-dd-yyyy):

First & Last Name:

Full Mailing Address (incl Postal Code):

Phone:

Email:

Preferred Language (English or French):

Gender (Female, Male, Gender X, Prefer not to report):

Marital Status (Single, Married, Partner, Separated, Divorced, Widowed):

A **dependent** is defined as an individual, who lives in the same household, and for whom you have caregiving responsibilities. A dependent may be a child by birth, marriage, or adoption, may be a foster child or may be an adult dependent (e.g., an adult offspring with a disability).

Number of Dependents:

Identity Factors

A **disability** refers to a physical, mental, sensory, intellectual, or learning impairment which, in interaction with various barriers, may hinder labour market participation.

Are you a person with a disability? (Yes/No/Prefer not to report):

Indigenous identity refers to whether a person reports being an Indigenous person that is First Nations (North American Indian), Métis, or Inuk (Inuit) and/or being a Registered or Treaty Indian and/or being a member of a First Nation or Indian Band.

Do you identify as being Indigenous? (Yes, No, Prefer not to report):

If yes, select one of the following (Status, Non-status, Métis, Inuit):

An **immigrant** is a person, who is or has been a landed immigrant in Canada (i.e. permanent resident). A landed immigrant is a person who has been granted the right to live in Canada permanently by immigration authorities.

Do you identify as being an immigrant? (Yes, No):

If yes, provide the year of landing:

A **visible minority** is a person, other than Indigenous, who is non-Caucasian in race or non-white in color.

Do you consider yourself to be a visible minority? (Yes, No, Prefer not to report):

Are you or have you been a Convention Refugee? (Yes, No):

If yes, what is your country of origin?

Employment Information

What is your employment status? **Type an X to the left of your current employment status.**

Employed	On compassionate
Unemployed	leave
On medical leave	On maternity/parental
Self-employed	leave
Off work due to strike or lockout	

Current or most recent employer name:

Occupation:

Start Date (mmm-dd-yyyy):

End Date (mmm-dd-yyyy):

How many hours do/did you work each week? **Type an X to the left of the number of hours worked.**

1–10	31–40
11–20	41–50
21–30	51+

What is/was your wage/salary before deductions at your current/most recent place of employment? \$

How frequently are/were you paid? (Hourly, Weekly, Bi-weekly, Monthly, Annually):

Is your current/most recent employment permanent, temporary or seasonal?

Permanent - a job that does not have a predetermined or set end date.

Temporary - a job that has a predetermined or set end date or is expected to end as soon as the project is completed.

Seasonal - a job that employs individuals to perform services on a seasonal basis.

If not working, select the response that best describes your reason for leaving your most recent place of employment: **Type an X to the left of your response.**

Laid off	Medical reasons
Dismissed or fired	Leave of absence
Quit	Retired
Resigned due to family responsibilities	End of seasonal job
Project ended	Strike or lockout
Company sold or closed	Maternity/Parental leave
	Return to training

Education Information

What is the highest level of formal education that you have completed? **Type an X to the left of your response.**

Post-Secondary Education

Doctoral Degree	1-Year Diploma
Master's Degree	1-Year Certificate
Applied Degree	Non-credential Training
Bachelor's Degree	
2-Year Diploma	

Trades Qualification

Journeyman	2nd-Year Apprentice
4th-Year Apprentice	1st-Year Apprentice
3rd-Year Apprentice	

Adult Upgrading

Academic Upgrading 10–12	University/College Entrance
Adult Basic Education 7–9	GED
Basic Skills 4–6	English as a Second Language (ESL)
Basic Skills 1–3	

Regular School System (K–12)

High School Diploma	Grade 7–9
Grade 12 completed	Grade 4–6
Some Secondary (10–12)	Grade 1–3

Institution Name (highest formal education level completed):

Start Date (mmm-dd-yyyy):

End Date (mmm-dd-yyyy):

Have you received government-funded training in the past 4 years? (Yes/No):

Source of Income

What is your current primary source of income? "EI" stands for "Employment Insurance."

Type an X to the left of your response.

- EI - Regular Benefits
- EI - Maternity Benefits
- EI - Medical Benefits
- EI - Parental Benefits
- EI - Compassionate Care Benefits
- Provincial Income Support - Expected to Work
- Provincial Income Support - Barriers to Full Employment
- Student Loan/Grant
- Provincial Income Support - Full-Time Learner
- Assured Income for the Severely Handicapped (AISH)
- Band Funding
- Disability Pension
- Worker's Compensation Pension
- Retirement Pension (non- government)
- Spouse, Parents, Family, or Friends
- Employment
- No Income

Registration Declaration

By submitting this form, I acknowledge that my personal information may be disclosed to an authorized employee, agent or contractor of the Government of Alberta or the federal government to assist in determining my eligibility for training and employment programs and services; to monitor, assess and evaluate the effectiveness of services provided and to evaluate the results of provincial programs.

Anderson Career Training Institute Self-Employment Program Application

1. Background Information

Desired Program Start Date if known (month/year):

Dependants: How many children under the age of 18, currently live with you?

Age(s) of children:

How many adult dependants live with you?

Citizenship Status: **(type an X to the left of the correct line and enter dates as requested)**

Born in Canada

Permanent Resident – Entered Canada on: (Month/Day/Year)

Sponsored Canadian Citizen as of: (Month/Day/Year)

What are your current sources of income? **(type an X to the left of ALL that apply)**

Employment

Income Support – Expected to Work (SFI)

Self-Employment

Income Support – Not Expected to Work (SFI)

Employment Insurance (EI)

Assured Income for Severely Handicapped (AISH)

Income Support – Learner

Student Loan

Other (specify):

Why are you most interested in being self-employed? Please **number the three most important** points in order of priority (e.g., 1, 2, 3), with 1 being the most important: **(place numbers to the left of the chosen statements)**

To be independent

To run a family business

To earn a good income

To work irregular hours

To work in an area I really enjoy

To get off SFI or EI benefits

To work at home

To continue to care for my family while I work

Other (Specify):

What help would you need, to start a business or become self-employed? **(type an X to the left of ALL that apply)**

Training in how to start a business

Training in how to manage a business

Help in building self-confidence

Help in making business contacts, networking

One on one business counseling

Continued EI Benefits while starting a business

Childcare

Help in finding money for start-up costs

Personal counseling (family, stress)

To continue to care for my family while I work

To get off EI or SFI (ETW)

Other (Specify):

Do you currently own and/or have daily access to the following: **(type yes or no to each)**

Desktop Computer
Laptop Computer
Webcam
Speakers and Microphone or headset/earbuds
Printer
Scanner
Internet in your home

Indicate your skill level with the following: **(type none, some, intermediate, advanced to each)**

MS Word
MS Excel
Internet (research, finding information, etc.)
E-mail
Cloud file storage
Zoom webinars

What is your experience level with selling? **(type an X to the left of your skill level)**

High - I have received sales training and sold successfully
Moderate - I have sold on commission with limited success
Some - I have sold in a retail business for a fixed wage
None - I have never done any sales

2. Business Information – Provide as much detail as possible for each of the following:

a) Describe your business idea in detail.

>

b) Describe any steps you have already taken to become self-employed.

>

c) What skills or experience do you have that relate to your business idea?

>

d) List and describe any business development training or counseling you have already received. Was any of this Government-funded training?

>

e) What are your greatest concerns about starting a business?

>

f) Do you have any other comments about starting a business?

>

3. Financial Information

Which, if any, of the following financial issues are of significant concern to you? (type an X to the left of all lines that apply)

- Current debt load
- Start-up costs for the business
- Living expenses while in program
- Living expenses for 1st year of business after the SE Program
- Personal credit rating and its effect on my ability to get financing
- Other, (Specify):

What is your estimate of the start-up costs for your business (the cost of items you will want/need and do not already have)? Consider licensing, incorporation, insurance, WCB, marketing materials, supplies in this amount: \$

Specify where you anticipate you will obtain the funds for start-up costs. Specify every source related to your situation. (Personal savings, Line of Credit, family or Bank Loan, AWE, etc.).

4. Educational Background

Note: Complete the Secondary school details *even if* you have post-secondary school education. The last day of attendance at Secondary school is used to determine SE Program eligibility.

Secondary: Last grade successfully completed: Year:
Name of School:
Start Date: End Date:
(Please show dates as Month/Day/Year)

Post-Secondary:
Institution: Program:
Number Of Years Attended: Completed (Yes/No):
Start Date: End Date:
(Please show dates as Month/Day/Year)

Other:
Institution: Program:
Number Of Years Attended: Completed (Yes/No):
Start Date: End Date:
(Please show dates as Month/Day/Year)

If you have further education to report, continue in the same format as above.

5. Employment History (Begin with the SECOND most recent – the most recent will be inserted on page 2 of this application)

a) Employer:
City / Province:
Position held:
Start Date: End Date:
(Please show dates as Month/Day/Year)
Average # of Hours per Week: Full-time or Part-time?
Type of Position (Permanent/Temporary/Seasonal):
Average Pay: \$ /hour or \$ /month
Duties:
Reason for leaving:

b) Employer:
City / Province:
Position held:
Start Date: End Date:
(Please show dates as Month/Day/Year)
Average # of Hours per Week: Full-time or Part-time?
Type of Position (Permanent/Temporary/Seasonal):
Average Pay: \$ /hour or \$ /month
Duties:
Reason for leaving:

c) Have you ever owned your own business? (Yes/No)

If yes, when? And for how long? (# of Years)
(Specify: Month/Year)

Please describe any previous businesses in which you were an owner/partner:

6. Self-Assessment

How would you rate yourself in the following areas on a scale of 1 to 3 where
1 = Need Development, 2 = Satisfactory, and 3 = Strength (place your number after the text):

a) Essential Skills:

Reading Text
Working with Numbers
Oral Communication
Thinking
Writing
Working with others
Computer Use

b) Work Search Skills Related to Career and Employment Goals:

Resume Writing
Interviewing
Personal Presentation
Labour Market Knowledge
Networking
Work References
Job Seeking and Finding Techniques

c) Career and Life Management Factors (here you can add “**not applicable**” if appropriate):

Self-Awareness
Confidence
Stress Management
Time Management
Child Care
Accommodation
Telephone Skills
Positive Attitude to Learning, Work & Health
Financial Management
Transportation
Support System
Ability to Manage Change

d) Occupational Skills and Education:

Study Skills
For SE Training – Required Pre-requisites
Relevant Occupational Training/Certification for Self-Employment Goals
Financial Capacity to start my business
Paid Work and Volunteer Experience

e) Health Factors (**rate 1 = Requires Consideration or 2 = No Issues**):

Physical Health
Family Health
Mental Health
Addictions

Please provide further information about all health factors that require consideration.
(For example: what is the primary health issue, for whom is this an issue, *and how might this impact your ability to attend school or build your business?*)

f) Other:

Do you have any past or current legal items or proceedings that would prevent you from starting and operating your business? This includes, but is not limited to, suspended Alberta Driver's License, not bondable, a criminal record, bankruptcy, outstanding warrants (Yes/No):
If "Yes", please speak with the Program Manager about your application.

7. Disability Factors

Do you have any of the following (**type yes or no for each line**):
Physical disability that is a barrier to education, employment, or self-employment?
Mental disability that is a barrier to education, employment, or self-employment?
Learning disability that is a barrier to education, employment, or self-employment?
If "yes", please describe your primary disability:

Is this a permanent disability?
Is this disability documented?
Will you require any accommodations or support to attend the SE Program or build and operate your business?
If "yes", please speak with the Program Manager about this.

8. Contact Information

Please provide the names and phone numbers of two individuals not living with you:

Name: Phone:
Relationship: (Optional):

Name: Phone:
Relationship: (Optional):

9. Alberta Works Living Allowance

I have discussed the eligibility for AB Works Grant (AWLA) with the ACTI Program Manager and have decided the following (**type an X to the left of the correct line**):

I will apply for the AWLA
I will NOT apply for the AWLA
My decision depends on the result of my application for EI benefits