

EIA Circular #2012-37 **Process with Neeginan
Institute of Applied Technology**

Attachment 1

TRAINING REQUEST FORM
Neeginan Institute of Applied Technology

Participant Name: _____ EIA Case Number: _____
 Program Name: _____ Program Duration (months/weeks): _____
 Expected Start Date: _____ Expected End Date: _____
 EIA Case Coordinator Name: _____ Fax Number: 948-4043

Please provide any pre-requisite course(s) needed prior to the NIAT Program start date:

Pre-requisite Course	Location/Institution	Start Date	End Date

FUNDING SOURCE:

The EIA program requires information about the funding source/amount to ensure that duplicate assistance is not provided. If the funding source is unknown at the time of the Training Request, it is the responsibility of the student or NIAT to notify the EIA Liaison or the EIA Case Coordinator once the funding source is known.

Funding for education costs has been requested from: Employment Manitoba: Band:
 Manitoba Métis Federation: Other:

Verification Letter(s) from Funding Source Attached: Yes No Pending
 Assessment Attached: Yes

 Student Signature _____ Date _____
I consent to sharing this Training Request Form and information about my education and training plan with the EIA Program.

 CAHRD Representative Signature _____ Date _____

<p>To be completed by EIA Staff (EIA staff must confirm that the plan approved by NIAT meets the EIA Program education and training policy requirements).</p> <p>Please provide your response by:</p> <p>Plan approved and meets EIA Education and Training Policy: <input type="checkbox"/> Yes <input type="checkbox"/> Yes, if alternate full funding is secured <input type="checkbox"/> No</p> <p>If no, please provide reason and return the Training Request Form to the EIA Liaison immediately.</p> <p>_____</p>
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EIA Staff Signature

Date

OTHER EDUCATION/TRAINING SUPPORTS:

Student Supports	Funds Provided by NIAT	Funds Provided by Funder	Funds Provided by EIA (to be completed by EIA)
Bus Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boots	<input type="checkbox"/>	<input type="checkbox"/>	<p>NOTE: Supplies essential to training should be provided by funder. EIA may provide in exceptional circumstances only.</p>
Hard Hat	<input type="checkbox"/>	<input type="checkbox"/>	
Toolkit/Tools	<input type="checkbox"/>	<input type="checkbox"/>	
Protective Jacket	<input type="checkbox"/>	<input type="checkbox"/>	
Helmet	<input type="checkbox"/>	<input type="checkbox"/>	
Running Shoes	<input type="checkbox"/>	<input type="checkbox"/>	
Scrubs	<input type="checkbox"/>	<input type="checkbox"/>	
Fitness Attire	<input type="checkbox"/>	<input type="checkbox"/>	
Protective Eye Glasses	<input type="checkbox"/>	<input type="checkbox"/>	
Other: - _____	<input type="checkbox"/>	<input type="checkbox"/>	
Other: - _____	<input type="checkbox"/>	<input type="checkbox"/>	