



GRAND RIVER EMPLOYMENT & TRAINING INC.

"Opening Doors to Our People"

APPLICATION/RESEARCH FOR TRAINING

CLIENT NAME:

ETC NAME:

Date Completed: _____

Completion of this package does not guarantee approval of financial support of training. If you require any assistance completing this document, please reach out to your ETC – we can have you come in or do over-the-phone.

1. What is the training you're requesting? Is the program less than 78 weeks (1.5 years?)
2. Please identify 3 different training providers (please also include the documentation to your ETC with the below):

Institute Name	Costs	Start / End Date	Full-time or Part-time

3. What is the training institute of your choice and the reasoning for your choice?
4. Are there are pre-requisites for the training or for the job after training you're looking to take? Examples: Clean drivers abstract, upgrading, a doctor's medical, etc.

Application/Research for Training Cont'd

5. Could this funding request be an eligible program at Grand River Post-Secondary Education Office?

6. Please identify 3 jobs you'd be willing to accept after your training below. (Please provide job postings to support your answers to your ETC)

7. Have you contacted any local employers about employment after your training?

8. If you are requesting a monthly training supplement to help be successful in your training, please provide a brief reasoning for the need below. Examples: dependents, distance to training facility, financial responsibilities, etc. *(Please note supplements are only eligible for full-time training over 3 weeks in duration and as identified by the institute)*

9. Have you taken any previous training programs in the past? Please provide names and dates below:

Institute Name	Course Name	Year Completed

10. In your previous training, were you successful in gaining employment? What are some of the barriers to employment have you experienced?