**OSTTC APPLICATION CHECKLIST**

To ensure your application is processed quickly and completely, please follow the steps below:

|  |
| --- |
| **STEP 1: APPLY AT OSTTC*** Complete the Ogwehoweh Skills & Trades Training Centre (“**OSTTC**”) application form and return it to our office.
* Provide two pieces of photo I.D. (status card, driver’s license, etc).
* Include any High School and/or Post-Secondary transcripts you may have, with your application.
	+ If you *do not have your transcripts*, complete the included **Release of Academic Information Form.**
		- OSTTC can request the transcripts on your behalf.
* Confirm you meet the minimum admission requirements for your program with the administrative team at OSTTC.
 |
| **STEP 2: INTERVIEW WITH REGISTRAR*** Schedule and Complete your admissions interview with the **OSTTC Registrar.**
	+ At the time of application submission, our administrative assistant will schedule you an in-person interview with our Registrar (and Grand River Employment and Training (“**GREAT**”) ETC if you are a Six Nations band member)
	+ Review course or program outline to ensure you have an understanding of the program and it aligns with your future career goals.
	+ The Registrar will interview and score the applicant on 5 assessment areas; *Motivation and Purpose, Understanding of the Program, Future Career and Professional Development, Barriers and Strategies, Scenarios and Commitment*.
* The OSTTC Registrar will evaluate the scores, select the successful applicants and submit the conditional acceptance letter beyond the equal consideration deadline.
 |
| **STEP 3: SECURE FUNDING*** **Secure Funding and provide a Sponsorship Letter to OSTTC.**
	+ Contact your funding agency (GREAT, MCFN, Grand River Post Secondary Education Office, Brantford Region Indigenous Support Centre etc.) to find out about deadlines for submitting an application for funding, and to ensure your application is complete and ready to be processed.
	+ You will not be able to register into your program until the sponsorship letter has been received.
* **(Optional) Apply for Scholarships and Bursaries:** Inquire about additional sources of funding.
 |

**IMPORTANT:** Sign all documents.

If you have any questions, please contact the Registrar at 519-445-1515.

**PROGRAM/COURSE APPLICATION FORM**

**APPLICANT INFORMATION:**

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name | Last Name |
|       |       |       |
| Address (P.O. Box #, Street Address) |
|       |
| City/Town/First Nation | Province | Postal Code |
|       |       |       |
| Phone Number | Work Number | Email Address |
|       |       |       |
| Emergency Contact Name | Emergency Contact Phone Number | Emergency Contact Email Address |
|       |       |       |
| Date of Birth(dd/mm/yyyy) | Band Registry # | First Nation Affiliation |
|       |       |       |

**PROGRAM INFORMATION:** The programs and courses announced by OSTTC may or may not be offered depending upon the number of students enrolled. Please list your top 3 program choices in order of preference.

|  |  |  |
| --- | --- | --- |
| Program Name | Program Type | Start Date |
| 1.
 | * Diploma  Certificate  Other
 | D / M / Y      |
| 1.
 | * Diploma  Certificate  Other
 | D / M / Y      |
| 1.
 | * Diploma  Certificate  Other
 | D / M / Y      |

**STATISTICAL INFORMATION:**

* Male  Female
* Status Indian
* Non-Status Indian
* Metis

Other:

Employment Status (current status)

* Employed Full-time
* Employed Part-time
* Seasonal
* Contract
* Self-Employed
* Other:\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION BACKGROUND:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Education Level** | **Program Name** | **Institute Name** | **End Dates** | **Status** | **Official Transcript(s)** |
| **Secondary** |        |       |       | * Completed
* Incomplete
 | * Requested
* Enclosed
 |
| * High School
* GED
 |
| **College** |       |       |       | * Completed
* Incomplete
 | * Requested
* Enclosed
 |
| * Certificate
* Diploma
 |
| **University** |       |       |       | * Completed
* Incomplete
 | * Requested
* Enclosed
 |
| * Certificate
* Degree
 |
| OFFICIAL TRANSCRIPT(S) of your academic record from each institution must be forwarded to ­­­­­­­­­­­­­­­­­­OSTTC at the time of application or ensure to complete the **Release of Academic Information Form**. |

**SUPPLEMENTAL INFORMATION:**

|  |  |
| --- | --- |
| Do you have regular access to a computer? | * Yes No 
 |
| Do you have regular access to the internet? | * Yes No 
 |
| Do you have reliable transportation? | * Yes No 
 |

**PAYMENT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Sponsor Name | Contact Person (if known) | Contact Telephone # | Contact Email |
|       |       |       |       |

If you are applying for funding through GREAT, you will be required to complete their Basic Client Intake Form which OSTTC can provide. OSTTC Admin will forward your documents and schedule the interview with an Employment and Training Coach and OSTTC Registrar to review your request.

**PROGRAM/COURSE APPLICATION FORM**

**CLIENT CONSENT AND NOTICE OF COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

**SCOPE**

This document sets out the authority, routine uses, and contact information as related to the collection, use and disclosure of personal information by Ogwehoweh Skills and Trades Training Centre (“**OSTTC**”). It is intended to constitute a broad notification about personal information practices to clients, parents/guardians, and other interested parties about how OSTTC may collect, use and disclose personal information in the course of fulfilling its mandate. This notice is provided for the purpose of informing your consent provided herein.

**COLLECTION, USE, AND DISCLOSURE**

OSTTC is a community-owned Indigenous training and post-secondary institute that has been educating, training, and certifying The Six Nations of the Grand River Territory and surrounding communities since 2003. OSTTC is wholly owned by the Grand River Employment and Training Inc. (“**GRETI**”) and located in the heart of the village of Ohsweken. OSTTC was established to address employer needs for skilled workers and the needs of individuals looking to increase employability and employment skills (the “**Services**”).

OSTTC collects and retains the personal information of individuals in the course of providing the Services under the legal authority of the *Personal Information Protection and Electronic Documents Act* (SC 2000, c 5, as amended) (“**PIPEDA**”). The information is related directly to and needed by OSTTC for purpose of delivering the Services, which include:

1. recruitment, admission, enrollment, and registration of programs;
2. financial assistance;
3. verification of eligibility for financial services and programs;
4. regulatory audits and operational reviews;
5. employment-related matters;
6. evaluation of programs and quality improvement activities;
7. institutional planning and statistics;
8. safety and security;
9. promotion in print, electronic, and internet publications;
10. planning, administering, and managing internal operations;
11. conducting risk-management activities;
12. reporting to government agencies and funding agencies;
13. compliance with legal and regulatory requirements; and
14. facilitating support and services through agencies that assist individuals with specific circumstances.

OSTTC uses a secure database to manage client files and information. This database meets the guidelines for collecting and storing personal information set out by PIPEDA. This will ensure that OSTTC is able to keep personal information confidential and secure, during and after the delivery of services.

OSTTC shall not disclose personal information to external individuals or organizations unless:

1. the individual is notified of such potential disclosure when the personal information is collected;
2. the individual has consented to the disclosure;
3. permitted under applicable law, including PIPEDA; or
4. otherwise provided by this Notice of Collection, Use and Disclosure of Personal Information;

OSTTC may disclose personal information for the purpose of delivering the Services to:

1. the Government of Canada (the “**Government**”) pursuant to program and service agreements;
2. the Government of Ontario, including but not limited to Ontario Works and Ontario Disability Support Program;
3. employers, including prospective employers;
4. educational institutions;
5. Six Nations affiliated offices;
6. Funding agencies (Grand River Employment and Training, Mississauga of the Credit First Nation, Brantford Regional Indigenous Support Centre, Niagara Peninsula Aboriginal Area Management Board, Hamilton Regional Indian Centre, etc.); and
7. Community Living.

OSTTC may further use personal information to create various statistical and analytical reports that guide planning, administration, and advocacy. Personal information may also be anonymized or aggregated and transferred to external entities involved in research and statistical analysis to improve the quality and effectiveness of OSTTC’s programs, policies and practices.

**CONSENT**

By checking the boxes below, I confirm that I understand and agree to the following:

**Required:**

|  |
| --- |
|[x]  I have read the above and consent to the collection, use, and disclosure of my personal information as set out above. |
|[x]  I have the right to access and review the Privacy Policy regarding the collection, use and disclosure of personal information at any time**.** |
|[x]  To the best of my knowledge, the information I have provided to OSTTC is accurate and complete, and I undertake to report any changes to my information to OSTTC as soon as possible.  |
|[x]  I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my admission and subject me to the requirements and/or disciplinary measures provided for in OSTTC’s rules and regulations for tuition and admission purposes.  |
|[x]  I may request to access, correct, or update to my information at any time. |
|[x]  Any information provided to OSTTC may be subject to verification. |
|[x]  OSTTC may communicate, share, and request my information from employers, including prospective employers, educational institutions, and Six Nations affiliated offices and agencies, and the Government, as appropriate and reasonably required to enable OSTTC to provide the Services. I will have the opportunity to consider whether to provide my consent and/or other disclosure of such additional information before it is disclosed. |
|[x]  I understand that I may withdraw my consent to the collection, use or disclosure of my personal information at any time by written documentation addressed to the OSTTC Registrar. Any such withdrawal of consent may result in the delay, disentitlement, or termination of services with OSTTC. |

**Optional:**

|  |
| --- |
|[ ]  I would like to receive email and other commercial electronic messages from OSTTC with GRETI information and opportunities that are relevant to me based on the information OSTTC may have about me. I may opt out from OSTTC marketing emails at any time by written documentation addressed to the OSTTC Registrar.   |
|[ ]  I give my consent to GRETI or its affiliates to the collection and use of my personal images by photography or video recording that I may appear in, either individually or in groups, for the purposes of promotion and marketing, including, without limitation, internal or external communications and use on GRETI or its affiliates’ intranet or extranet. Further, I understand and agree that no fees shall be earned or paid to me for consenting to use my image by GRETI or its affiliates for promotion and marketing purposes. This consent form has no expiration date and therefore, consent to use my image is not restricted to a one-time use. |
| **I have read this document, I confirm that I am thirteen (13) years or older, and, by signing below, I certify that I fully understand this document and accept to be bound by it.**

|  |  |
| --- | --- |
|      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (please print) |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name and Signature of holder of parental authority, if person under 13 years of age | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |

 |

**PROGRAM/COURSE APPLICATION FORM**

**RELEASE OF ACADEMIC INFORMATION:**

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name | Last Name |
|       |       |       |
| Date of Birth (dd/mm/yyyy) | Full Name used in School |
|       |       |
| Institute Last Attended | Year of Graduation or Departure |
|       |       |

To: (School),

I, *the student listed above*, hereby give consent to the **Ogwehoweh Skills & Trades Training Centre** (“**OSTTC**”) to request my high school transcript for the purpose of admission into a post-secondary training program.

Further, I understand and agree that no fees shall be earned or paid to me for consenting to obtain my transcript. This consent form has no expiration date, therefore my transcript may be request at any time in the future.

This letter authorizes the release of academic information regarding my enrolment, attendance and student records to OSTTC. Please release my final transcript for application to ­­­­­­­­­­­­­­­­­­­­­OSTTC.

|  |  |  |
| --- | --- | --- |
| **Student Authorization** |  | **Date** |
| **OSTTC Representative** |  | **Date** |