



Campbell River Indian Band Office

1650 Old Spit Road, Campbell River, B.C., Canada V9W-3E3

Tel.: (250) 286-6949

Fax.: (250) 287-8838

Toll Free: 1- 877- 286-6949

Application for Occupational Skills Training

Student Information

Name:	Status Number:
Address:	Date of Birth:
City:	Phone Number:
Prov./Postal Code:	Cell Number:
E-mail:	Marital Status:
Dependants: Yes / No	Number of Children:
Single Parent:	Reside on/off reserve:
Student Type: Mature Student ☐	New Secondary Graduate ☐
Are you currently working? Yes ☐ No ☐	Full-Time ☐ Part-Time ☐
Place of Employment:	
Have you previously been funded under OST? Yes No	
Previously funded course:	

Occupational Skills Training Program Information

Institution:	Student Number:
Program:	Program Length:
Expected completion date:	Full-time / Part-time:
Semester Funding: Sept-Dec ☐ Jan-April ☐ May-Aug ☐	Program Type: Certificate (less one year) ☐ License ☐ Apprentice ☐

Previous Education, Training or Certificates

School / Institute	Years Attended	Certificate Obtained
Secondary:		
Private:		
College:		
Technical Institute:		
University:		
Other:		

Additional Documents

In order for your application to be processed we require the following documents with your application – please ensure that you include the following.

Signed Release of Information	
Most recent Official Transcript	
Acceptance Letter from Occupational Skills Training Program	

Budget Information

Tuition	\$
Number of Months of Living Allowance	
Book Allowance Needed	
Have you tried to access additional funding? Example; HRDC, NVIATS?	
Does your program require additional supplies? ☐ (i.e.; boots, nursing scrubs, etc., that are deemed as mandatory for your program)	

Additional Documents Required

These documents are required to process application	Yes/No
Proof of industry research – where can you work, is this in demand, expected salary (include information to support your application and desired Occupation)	
Completion of Occupation Skills Research Questionnaire	

I confirm that the above information provided is complete and accurate. I have read the conditions for receiving Occupational Skills Training Assistance and agree to comply with the conditions as set out in the Guidelines. I accept the responsibility for satisfying the academic requirements of the above institution and managing the education funds to the best of my ability.

Student Signature

Date

Occupational Skills Training Research

Student Occupation Information

Name:	Status Number:
Occupation:	Training Program:
What are the steps to completion:	

Occupational Skills Research

Web Research	Task	Answers
www.monster.ca	Number of jobs in BC Region	
www.monsterca.salary	What is the expected base salary in BC	
www.jobfutures.ca	What is the National Occupation Code	
www.jobfutures.ca	What is the unemployment rate	
www.jobfutures.ca	What is the average salary	
www.jobfutures.ca	What is the current outlook?	
www.labourmarketinformation.ca	What are the Job and Skill requirements?	
www.labourmarketinformation.ca	Provide at least three potential employers?	

Document Checklist

Application	
Release of Information	
Occupation Research	
Letter of Support from an Employer	
Acceptance Letter from Program	