



NISHNAWBE - ASKI
Legal Services Corporation

ENTERED APR 17 2019

API/POCA

Employee Information

1. Personal Information

Full Given Name: Buswa Carol A
Last First M Initial.

Address: 114 Mission Rd FWFN
Street Address Box #

Thunder Bay ON P7J1K5
City/Town Province Postal Code

Home Phone: (807) 621 3532 Alternate Phone: ()

Primary Email: buswa36@gmail.com

SSN #: 472 261 403 Status # 1840112001

2. Job Information

Title: Director of Service - Talking Together Program Employee ID: _____

Supervisor: Sharon Pitwanakunt Department: Talk

Work Location: 1805 Arthur St. T Bay Work Email: cbuawa@nanlegal.on.ca

Work Phone: (807) 474 4379 Cell Phone: (807) 621 3532

Start Date: Aug 27, 2009 Benefits: yes Pension: Y / N

Term Date: _____ Salary: \$ 60,000

3. Emergency Contact Information

Full Name: Desmondin Dawn L
Last First M Initial.

Address: 800 Mary St.
Street Address Box #

Thunder Bay ON
City/Town Province Postal Code

Primary Phone: (807) 629-5379 Alternate Phone: ()

Relationship: Daughter

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN

This is to certify that: Le présent certificat atteste que:

Family name - Nom de famille	Kakegabon
Given names - Prénoms	Carol Anne
ABIS - Numéro d'assignation	
Registry no. - N° de registre	184011-2001

is an Indian within the meaning of the Indian Act, chapter 27, Statutes of Canada (1985)
est un Indien au sens de la Loi sur les Indiens, chapitre 27, des Lois du Canada (1985)

✓

Date of birth - Date de naissance	Registry group - Groupe d'enregistrement
1962.10.16	Long Lake No. 58 First Nation
Sex - Sexe	This card is valid until Cette carte est valide jusqu'au
F	2013.08.06
Holder's signature - Signature du titulaire	Issue date - Date d'émission
<i>C. Kakegaton</i>	2008.08.06
Issuing officer's signature - Signature de l'agent émetteur	
<i>SN</i>	
<small>Finder, please return postage free to INAC Ottawa, Ontario, Canada K1A 0H4 Quiconque trouve le présent est prié de le retourner franc de port, au AINC, Ottawa (Ontario) Canada, K1A 0H4 83-004 (5-98) 7530-21-023-3673</small>	

SIN. 472261403

NEW HIRE CHECKLIST

EMPLOYEE <i>CAROL KAKEGABON</i>		DATE HIRED <i>AUGUST 11, 2011</i>
JOB TITLE <i>TALKING TOGETHER MANAGER.</i>	CURRENT SALARY <i>54,000.00</i>	PROBATIONARY END DATE <i>November 11, 2011.</i>
TYPE PERMANENT FT <input checked="" type="checkbox"/> PERMANENT PT <input type="checkbox"/> FIXED TERM <input type="checkbox"/> CASUAL <input type="checkbox"/>		

PERSONAL INFORMATION

BIRTHDATE <i>OCTOBER 16, 1962</i>	HOMEPHONE
OTHER CONTACT # (CELL, ETC.) <i>621-3532.</i>	EMERGENCY CONTACT
HOME ADDRESS <i>1405 MARY ST. Thunder Bay ON. P7E 4N2.</i>	SIN# <i>472-261-403</i>
<input checked="" type="checkbox"/> Copy (front and back) of Status Card (if applicable)	
<input checked="" type="checkbox"/> Banking information (void cheque or notification from bank)	
<input type="checkbox"/> Letter of Offer	
<input type="checkbox"/> Signed Contract	
<input checked="" type="checkbox"/> Criminal Records Check	
<input type="checkbox"/> Proof of 2M Liability Car Insurance	
<input type="checkbox"/> Application – resume, cover letter, notes from interview, reference checks, and job description	
<input checked="" type="checkbox"/> Signed document stating they have read and understood the NALSC policies and procedures manual (attached)	
<input type="checkbox"/> Application for Group Insurance Coverage	

COMMENTS:

(KR)

*hired in 2009
promotion and raise in november of 2011.*

Carol K.
Personnel File

Lee Brown

From: Jennifer McKenzie <jmckenzie@nanlegal.on.ca>
Sent: Thursday, August 16, 2012 9:52 AM
To: Lee Brown
Subject: Please print for Carol K. personnel file
Attachments: SKMBT_C20312081608400.pdf

No virus found in this message.
Checked by AVG - www.avg.com
Version: 2012.0.2197 / Virus Database: 2437/5203 - Release Date: 08/15/12

Carol Kakegabon

Memo

To: Lee Brown –Financial Controller Nishawbe Aski Legal Services

From: Carol Kakegabon-Talking Together Manager Nishawbe Aski Legal Services

Date: January 16, 2012

Re: Pay roll Deposit

.....

Good Day Lee,

I would like to switch pay roll deposit account from Toronto Dominion #3100111 to a Royal Bank
account # 03852-5022751 Transit # 3852

If there is anything else needed please let me know.

Thanks,


Carol Kakegabon

003

Done for PR#2.



POLICE RECORDS REQUEST APPLICATION

PLEASE PRINT

NAME OF AGENCY: DILICO ANISHINABEK FAMILY CARE

CONTACT PERSON: TELEPHONE #:

POSITION APPLIED FOR: Kinship

NAME OF APPLICANT: Carol Kakegabon DOB: Oct 16/62

MAIDEN NAME OR OTHER NAME(S) USED: Buswa

ADDRESS: 1405 Mary St. W. TELEPHONE: 939-1683

PREVIOUS ADDRESS(S) FOR LAST 5 YEARS: 241 Otter St. Longlac

TYPE OF IDENTIFICATION PRODUCED (MUST HAVE NAME & BIRTHDATE AND BE VERIFIED):

DRIVERS LICENCE # OR NUMBERS ON IDENTIFICATION: K0214-11316-26016 (NOTE: NO SIN NUMBERS OR HEALTH CARD NUMBERS)

READ CAREFULLY:

I certify that the information set out by me in this application is true and correct to the best of my knowledge and belief. I consent to disclosure as described, by the Thunder Bay Police of the identified police record information. This consent includes the release of records of criminal convictions for which a Pardon has not been granted, Youth Court records that have not non-disclosed, discharges which have not expired in accordance with the Criminal Records Act, or any convictions registered, charges pending or any other judicial order issued under an Act of Parliament or an Act of the Legislature. This consent authorizes the release of information available from the files of the Thunder Bay Police or any other police agency, which the Thunder Bay Police deems necessary to include as requirements of this screening process. I consent for the Thunder Bay Police to conduct this search and provide the results as Verified or Not Verified. I also request a Police Records Request Form be completed.

The following are a list of questions that must be answered completely and truthfully. The answers will be verified by a search of police information files. The Thunder Bay Police withhold the right to verify this information with the individual the information pertains to. Failure to accurately complete this form will result in the Thunder Bay Police NOT verifying the requested clearance.

HAVE YOU EVER BEEN SUSPECT, ACCUSED, CHARGED OR INVOLVED IN ANY OF THE FOLLOWING TYPE OF SITUATIONS (search based on 5 years for minor incidents and 20 years for major/serious incidents):

- a) Sexual related offences including (i.e. sexual assault, incest, child abuse, indecent acts) Yes ___ No [checked]
b) Infanticide/Manslaughter/Murder/attempt Yes ___ No [checked]
c) Assaults (all violence) Yes ___ No [checked]
d) Kidnapping/Abductions Yes ___ No [checked]
e) Criminal Negligence Yes ___ No [checked]
f) Fail to Provide Necessities/Abandonment/Corrupting Children Child in Need of Protection Yes ___ No [checked]
g) Weapons offences Yes ___ No [checked]
h) Narcotic or Drug related offence Yes ___ No [checked]
i) Domestic related offences Yes ___ No [checked]
j) Threats/Harassment (verbal, written) Yes ___ No [checked]
k) Peace Bond or Recognizance Yes ___ No [checked]
l) Vagrancy Yes ___ No [checked]
m) Other (SPECIFY) Yes ___ No [checked]

NOTE: IF YOU SUFFER FROM ANY MENTAL ILLNESS OR COMMUNICABLE DISEASE, WHICH YOU FEEL COULD AFFECT YOUR APPLICATION, IT IS SUGGESTED YOU DISCUSS THIS WITH THE AGENCY DIRECTLY.

A SEARCH OF "YOUNG PERSONS" INFORMATION HAS BEEN CONDUCTED-THE RESULTS OF WHICH MAY OR MAY NOT BE INCLUDED IN THIS "VERIFICATION" PROCESS.

I hereby release and forever discharge all members and employees of the Thunder Bay Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Thunder Bay Police.

DATE: Oct 1/12 SIGNATURE OF APPLICANT: [Signature]

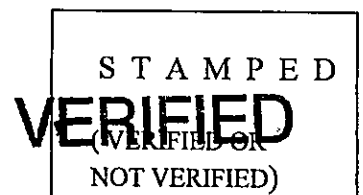
CAUTION: This search is based on the information provided and may or may not pertain to this subject.

NOTE: A Form EP0061 must also be attached. The results of a search are as follows:

[Signature] 09/01/2012

Date

Records Manager (must be embossed)





THUNDER BAY POLICE

0 P 12006076

POLICE RECORDS REQUEST FORM

DATE OF REQUEST
DAY MONTH YEAR
01 10 2012

PART 1. APPLICANT TO COMPLETE

SURNAME (LAST NAME) Kakegabon		FIRST NAME Carol		SECOND NAME Anne	
MAIDEN NAME OR OTHER NAME(S) USED Buswa			SEX F	DATE OF BIRTH 11/01/1962	TELEPHONE 939-1683
ADDRESS: (Street Name, No., Apt. No., Direction, Concession, Lot No. RR#) 1405 Mary St. W.					
CITY/MUNICIPALITY, TOWNSHIP, PROVINCE Thunder Bay					POSTAL CODE P7E4W2
TYPE OF IDENTIFICATION PRODUCED (ie: Driver's Licence, Citizenship) Drivers Licence			DRIVER'S LICENCE NUMBER OR OTHER NUMBER ON IDENTIFICATION K0216-11316-26016		
SECURITY CLEARANCE REQUIRED BY: (Name of Agency/Company) Dilico Anishinabek Family Care			I CERTIFY THAT THE INFORMATION SET OUT BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. x <i>Chakegabon</i> APPLICANT'S SIGNATURE		
<input type="checkbox"/> FOR EMPLOYMENT <input type="checkbox"/> AS A VOLUNTEER <input checked="" type="checkbox"/> OTHER					

PART 2.

VOUCHER NUMBER 0028	FEE RECEIVED AMOUNT \$	RECEIPT NO:	AGENCY LETTER ATTACHED <input type="checkbox"/>
CPIC search by: 1048	—	NICHE 1048	LOCAL records search by: 1048

PART 3. FOR RECORDS USE ONLY

THE RESULTS OF A SEARCH OF THE NATIONAL REPOSITORY FOR CRIMINAL RECORDS IN CANADA THROUGH THE CANADIAN POLICE INFORMATION CENTRE, AND THE LOCAL RECORDS OF THE THUNDER BAY POLICE FOR THE APPLICANT IS AS FOLLOWS:

PAGE 1 OF 1

CHARGES PENDING BEFORE THE COURTS: YES NO (As of search date)

CRIMINAL CONVICTIONS, YOUTH COURT RECORDS, DISCHARGES, STAYS, AND FINDINGS OF GUILT:

NO RECORD ON FILE

NOTE: THIS FORM MUST ALWAYS BE ACCOMPANIED BY A POLICE RECORDS REQUEST APPLICATION FOR POLICE CONTACTS

A SEARCH OF THE PARDONED SEX OFFENDER DATABASE WAS COMPLETED AS PART OF THE VULNERABLE SECTOR SCREENING WITH NEGATIVE RESULTS.

NOTE: This form includes Criminal Records Information ONLY, for which a Pardon has not been granted. The search was based on the name and date of birth supplied by the applicant. This record may or may not pertain to the subject, positive identification can only be confirmed through submission of fingerprints. Information NOT included on this form may be requested by contacting the FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY COORDINATOR, Thunder Bay Police, 1200 Balmoral Street, Thunder Bay, Ontario, P7B 5Z5, (807) 684-1200.

PART 4

APPROVED BY Central Records Manager for Chief of Police <i>[Signature]</i>	DATE APPROVED 09/10/2012
Personal information on this form is collected under the authority of the Police Services Act, S.1 and 41. Questions about this collection should be directed to: Thunder Bay Police Records Manager, 1200 Balmoral Street, Thunder Bay, Ontario, P7B 5Z5, (807) 684-1200	DISTRIBUTION WHITE - APPLICANTS COPY YELLOW - RECORDS COPY



THUNDER BAY POLICE

POLICE RECORDS REQUEST FORM

P09005289
DATE OF REQUEST
DAY MONTH YEAR
28 AUG 09

PART 1. APPLICANT TO COMPLETE

SURNAME (LAST NAME) Kakegabon		FIRST NAME Carol		SECOND NAME A	
MAIDEN NAME OR OTHER NAME(S) USED Buswa			SEX F	DATE OF BIRTH 10/11/6/11	
ADDRESS: (Street Name, No., Apt. No., Direction, Concession, Lot No. RR#) 322 N. Edward St.					
CITY/MUNICIPALITY, TOWNSHIP, PROVINCE Thunder Bay, Ont.					
TYPE OF IDENTIFICATION PRODUCED (ie: Driver's Licence, Citizenship) Drivers licence			DRIVER'S LICENCE NUMBER OR OTHER NUMBER ON IDENTIFICATION K02116-113116-260116		
SECURITY CLEARANCE REQUIRED BY: (Name of Agency/Company) Nishnawbe Aski Legal Services			I CERTIFY THAT THE INFORMATION SET OUT BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.		
<input checked="" type="checkbox"/> FOR EMPLOYMENT <input type="checkbox"/> AS A VOLUNTEER <input type="checkbox"/> OTHER			X C. Kakegabon APPLICANT'S SIGNATURE		

2009

PART 2.

VOUCHER NUMBER	FEE RECEIVED AMOUNT \$ 48	RECEIPT NO. 4113	AGENCY LETTER ATTACHED <input type="checkbox"/>
CPIC search by: 1031	NICHE —	LOCAL records search by: 1031	

PART 3. FOR RECORDS USE ONLY

THE RESULTS OF A SEARCH OF THE NATIONAL REPOSITORY FOR CRIMINAL RECORDS IN CANADA THROUGH THE CANADIAN POLICE INFORMATION CENTRE, AND THE LOCAL RECORDS OF THE THUNDER BAY POLICE FOR THE APPLICANT IS AS FOLLOWS:

PAGE 1 OF 1 CHARGES PENDING BEFORE THE COURTS: YES NO (As of search date)

CRIMINAL CONVICTIONS, YOUTH COURT RECORDS, DISCHARGES, STAYS, AND FINDINGS OF GUILT:

NO RECORD ON FILE

NOTE: This form includes Criminal Records Information **ONLY**, for which a Pardon has not been granted. The search was based on the name and date of birth supplied by the applicant. This record may or may not pertain to the subject, positive identification can only be confirmed through submission of fingerprints. Information **NOT** included on this form may be requested by contacting the **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY COORDINATOR**, Thunder Bay Police, 1200 Balmoral Street, Thunder Bay, Ontario, P7B 5Z5, (807) 684-1200.

PART 4

APPROVED BY Central Records Manager for Chief of Police	DATE APPROVED 03 Nov 09
Personal information on this form is collected under the authority of the Police Services Act, S.1 and 41. Questions about this collection should be directed to: Thunder Bay Police Records Manager, 1200 Balmoral Street, Thunder Bay, Ontario, P7B 5Z5, (807) 684-1200	DISTRIBUTION WHITE - APPLICANTS COPY YELLOW - RECORDS COPY



POLICE RECORDS REQUEST APPLICATION

PLEASE PRINT

NAME OF AGENCY: Nishnawbe Aski Legal Services
CONTACT PERSON: Arlene Dodge TELEPHONE #: 622-1314
POSITION APPLIED FOR: T.T.F. Talking Together Facilitator (ADR) - Alternative Dispute Resolution

NAME OF APPLICANT: Carol Kakogabon DOB: Oct 16/62

MAIDEN NAME OR OTHER NAME(S) USED: Carol Buswa

ADDRESS: 322 N. Edward St. TELEPHONE: 255 0223

PREVIOUS ADDRESS(S) FOR LAST 5 YEARS: Longlac

IDENTIFICATION PRODUCED (MUST HAVE NAME & BIRTHDATE AND BE VERIFIED):

DRIVERS LICENCE # OR NUMBERS ON IDENTIFICATION: KO216-11316-26016
(NOTE: NO SIN NUMBERS OR HEALTH CARD NUMBERS)

READ CAREFULLY:

I certify that the information set out by me in this application is true and correct to the best of my knowledge and belief. I consent to disclosure as described, by the Thunder Bay Police of the identified police record information. This consent includes the release of records of criminal convictions for which a Pardon has not been granted, Youth Court records that have not non-disclosed, discharges which have not expired in accordance with the Criminal Records Act, or any convictions registered, charges pending or any other judicial order issued under an Act of Parliament or an Act of the Legislature. This consent authorizes the release of information available from the files of the Thunder Bay Police or any other police agency, which the Thunder Bay Police deems necessary to include as requirements of this screening process. I consent for the Thunder Bay Police to conduct this search and provide the results as Verified or Not Verified. I also request a Police Records Request Form be completed.

The following are a list of questions that must be answered completely and truthfully. The answers will be verified by a search of police information files. The Thunder Bay Police withhold the right to verify this information with the individual the information pertains to. Failure to accurately complete this form will result in the Thunder Bay Police NOT verifying the requested clearance.

HAVE YOU EVER BEEN SUSPECT, ACCUSED, CHARGED OR INVOLVED IN ANY OF THE FOLLOWING TYPE OF SITUATIONS (search based on 5 years for minor incidents and 20 years for major/serious incidents):

- a) Sexual related offences including (i.e. sexual assault, incest, child abuse, indecent acts) Yes No [checked]
b) Infanticide/Manslaughter/Murder/attempt/Criminal Negligence Yes No [checked]
c) Assaults (all violence) Yes No [checked]
d) Kidnapping/Abductions Yes No [checked]
e) Fail to Provide Necessities/Abandonment/Corrupting Children Child in Need of Protection Yes No [checked]
f) Weapons offences Yes No [checked]
g) Narcotic or Drug related offence Yes No [checked]
h) Domestic related offences Yes No [checked]
i) Threats/Harassment (verbal, written) Yes No [checked]
j) All Thefts (Shoplifting, Break & Enters etc.) Yes No [checked]
k) All Liquor Offences (including arrests and impaireds) Yes No [checked]
l) Other (SPECIFY) Yes No [checked]

NOTE: IF YOU SUFFER FROM ANY MENTAL ILLNESS OR COMMUNICABLE DISEASE, WHICH YOU FEEL COULD AFFECT YOUR APPLICATION, IT IS SUGGESTED YOU DISCUSS THIS WITH THE AGENCY DIRECTLY.

A SEARCH OF "YOUNG PERSONS" INFORMATION HAS BEEN CONDUCTED-THE RESULTS OF WHICH MAY OR MAY NOT BE INCLUDED IN THIS "VERIFICATION" PROCESS.

I hereby release and forever discharge all members and employees of the Thunder Bay Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Thunder Bay Police.

DATE: Aug 28/09 SIGNATURE OF APPLICANT: [Signature]

CAUTION: This search is based on the information provided and may or may not pertain to this subject.

NOTE: A Form EP0061 must also be attached. The results of a search are as follows:

03 Nov 09
Date

[Signature]
Records Manager
(must be embossed)





2022 Personal Tax Credits Return

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name Buswa	First name and initial(s) Carol A	Date of birth (YYYY/MM/DD) 1942/10/16	Employee number
Address 76-1055 Chippewa Rd Thunder Bay	Postal code P7J4J3	For non-residents only Country of permanent residence	Social insurance number 472261403

1. **Basic personal amount** – Every resident of Canada can enter a basic personal amount of \$14,398. However, if your net income from all sources will be greater than \$155,625 and you enter \$14,398, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$155,625, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2022 Personal Tax Credits Return, and enter the calculated amount here.

2. **Canada caregiver amount for infirm children under age 18** – Either parent (but not both), may claim \$2,350 for each infirm child born in 2005 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on Line 8 may also claim the Canada caregiver amount for that same child who is under age 18.

3. **Age amount** – If you will be 65 or older on December 31, 2022, and your net income for the year from all sources will be \$39,826 or less, enter \$7,898. If your net income for the year will be between \$39,826 and \$92,480 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2022 Personal Tax Credits Return, and fill in the appropriate section.

4. **Pension income amount** – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.

5. **Tuition (full time and part time)** – If you are a student enrolled at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay.

6. **Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$8,870.

7. **Spouse or common-law partner amount** – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than Line 1 (Line 1 plus \$2,350 if they are infirm), enter the difference between this amount and their estimated net income for the year. If their net income for the year will be Line 1 or more (Line 1 plus \$2,350 if they are infirm), you cannot claim this amount. In all cases, if their net income for the year will be \$25,195 or less and they are infirm, go to Line 9.

8. **Amount for an eligible dependant** – If you do not have a spouse or common-law partner and you support a dependant relative who lives with you and whose net income for the year will be less than Line 1 (Line 1 plus \$2,350 if they are infirm and you cannot claim the Canada caregiver amount for children under age 18 for this dependant), enter the difference between this amount and their estimated net income. If their net income for the year will be Line 1 or more (Line 1 plus \$2,350 or more if they are infirm), you cannot claim this amount. In all cases, if their net income for the year will be \$25,195 or less and they are infirm and are age 18 or older, go to Line 9.

9. **Canada caregiver amount for eligible dependant or spouse or common-law partner** – If, at any time in the year, you support an infirm eligible dependant (aged 18 or older) or an infirm spouse or common-law partner whose net income for the year will be \$25,195 or less, get Form TD1-WS and fill in the appropriate section.

10. **Canada caregiver amount for dependant(s) age 18 or older** – If, at any time in the year, you support an infirm dependant age 18 or older (other than the spouse or common-law partner or eligible dependant you claimed an amount for on Line 9, or could have claimed an amount for if their net income were under \$16,748) whose net income for the year will be \$17,670 or less, enter \$7,525. If their net income for the year will be between \$17,670 and \$25,195 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section. You can claim this amount for more than one infirm dependant age 18 or older. If you are sharing this amount with another caregiver who supports the same dependant, get the Form TD1-WS and fill in the appropriate section.

11. **Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

12. **Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

13. **TOTAL CLAIM AMOUNT** – Add Lines 1 to 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

0

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2022, you **cannot claim them again**. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

Total income less than total claim amount

Check this box if your total income for the year from all employers and payers will be less than your total claim amount on Line 13. Your employer or payer will not deduct tax from your earnings.

Non-residents (Only fill in if you are a non-resident of Canada.)

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2022?

- Yes (Fill out the previous page.)
- No (Enter "0" on Line 13, and do not fill in Lines 2 to 12 as you are not entitled to the personal tax credits.)

If you are unsure of your residency status, call the international tax and non-resident enquiries line at 1-800-959-8281.

Provincial or territorial personal tax credits return

If your claim amount on Line 13 is more than \$14,398, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only**, your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2022, you may be able to claim the child amount on Form TD1SK, 2022 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed northern zone for more than six months in a row beginning or ending in 2022, you can claim any of the following:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

\$

Employees living in a prescribed intermediate zone can claim 50% of the total of the above amounts.

For more information, go to canada.ca/taxes-northern-residents.

Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax and benefit return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

\$

Reduction in tax deductions

You can ask to have less tax deducted on your income tax and benefit return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, or get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature

C Buswa

Date

2021-12-04

It is a serious offence to make a false return.

Clear Data

Protected B when completed

TD1ON



2022 Ontario Personal Tax Credits Return

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name Buswa	First name and initial(s) Carol A	Date of birth (YYYY/MM/DD) 1962/10/16	Employee number
Address 7-6 1055 Chippewa Rd Thunder Bay	Postal code P7J 2J3	For non-residents only Country of permanent residence	Social insurance number 472261403

<p>1. Basic personal amount – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2022, see "More than one employer or payer at the same time" on page 2.</p>	11,141
<p>2. Age amount – If you will be 65 or older on December 31, 2022, and your net income from all sources will be \$40,495 or less, enter \$5,440. If your net income for the year will be between \$40,495 and \$76,762 and you want to calculate a partial claim, get Form TD1ON-WS, Worksheet for the 2022 Ontario Personal Tax Credits Return, and fill in the appropriate section.</p>	
<p>3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,541, or your estimated annual pension income, whichever is less.</p>	
<p>4. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,001.</p>	
<p>5. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be \$946 or less, enter \$9,460. If their net income for the year will be between \$946 and \$10,406 and you want to calculate a partial claim, get Form TD1ON-WS and fill in the appropriate section.</p>	
<p>6. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be \$946 or less, enter \$9,460. If their net income for the year will be between \$946 and \$10,406 and you want to calculate a partial claim, get Form TD1ON-WS and fill in the appropriate section.</p>	
<p>7. Ontario caregiver amount – You may be supporting an eligible infirm dependant aged 18 or older who is either your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> • child or grandchild • parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada <p>If this is your situation, get Form TD1ON-WS and fill in the appropriate section.</p>	
<p>8. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.</p>	
<p>9. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.</p>	
<p>10. TOTAL CLAIM AMOUNT – Add lines 1 to 9. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>	

Filling out Form TD1ON

Fill out this form **only** if you are an employee working in Ontario or a pensioner residing in Ontario and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2022, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1ON, **check this box**, enter "0" on line 10 and do not fill in lines 2 to 9.

Total income less than total claim amount

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted on your income tax and benefit return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature

C Busawa

Date

2021-12-08

It is a serious offence to make a false return.

Please print clearly and complete both sides of this form, in INK. Section 1 is to be completed by the plan administrator and sections 2 through 7 are to be completed by the plan member.

SCANNED

1. Plan Sponsor Section

This section is to be completed by the plan administrator.

COPY

Plan number: _____ Division number: _____ Benefit class: _____
 Plan sponsor: _____
 Plan member ID: _____ Cost centre (if applicable): _____
 Eligible date of employment: Month _____ Day _____ Year _____
 Effective date of coverage: Month _____ Day _____ Year _____
 Occupation: _____ Earnings: \$ _____ per year month week hour
 Plan member province of residence: _____ Plan member province of employment: _____

2. Plan Member Information

This section is to be completed by the plan member.

Please print clearly in INK.

Plan member name (print): Buswa Carol Ann
last name first name middle initial
 Gender: Male Female Date of birth: Month 10 Day 16 Year 62
 Plan member mailing address:
 Street address: 800 Mary St. W.
 City: Thunder Bay Province: ON Postal code: P7E 4L8
 Do you have a spouse (married, common-law or civil union spouse)? Yes No
 Do you have dependant children, including full time students or disabled adults? Yes No
 How many dependants in total, including spouse? 1

3. Refusal of Benefits

This section is to be completed by the plan member.

Note: Health and/or dental coverage can only be refused if you and/or your dependants are covered by duplicate group benefits through your spouse's employer.

I understand the plan of group benefits offered to me, but I decline to participate in:

Healthcare for myself and my dependants my dependants only
 Dentalcare for myself and my dependants my dependants only

Spousal insurer's name: _____ Plan number: _____

If you lose spousal coverage you must apply for coverage within 31 days of loss of such coverage. If you do not apply within 31 days you and your dependants may be required to provide proof of insurability acceptable to Great-West Life to be covered. If you are approved, coverage for dental benefits may be limited.

Please see your plan administrator for details.

4. Beneficiary Designation

This section must be completed to designate a beneficiary for your life benefits, if applicable.

The original of this form will be required for a life claim. Crossed out beneficiary designations must be initialed. Please print clearly in INK.

Beneficiary's name(s)			Percent allocated	Relationship to plan member
last name <u>Desmoulin</u>	first name <u>Dawn</u>	middle initial <u>L</u>	<u>34%</u>	<u>daughter</u>
last name <u>Kakegabon</u>	first name <u>Giwedini</u>	middle initial <u>A</u>	<u>33%</u>	<u>son</u>
last name <u>Kakegabon</u>	first name <u>Zoogipon Ikwezens</u>	middle initial <u>E</u>	<u>33%</u>	<u>daughter</u>

To be divided as follows: As per the percentages indicated above, or In equal shares to the survivor(s)

You may change this beneficiary designation at any time upon notice to Great-West Life. If you wish to make the beneficiary designation irrevocable (meaning you may not change the designation or make certain changes to your coverage under the plan without the written consent of the beneficiary) please complete form #M6348 BIL.

Note: Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the box marked "Revocable", below.

I hereby make the above beneficiary designation:

Revocable, I may change this beneficiary designation at any time

For Quebec Applicants Only - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to his/her tutor(s) or curator(s), unless a valid trust has been established for the benefit of the beneficiary, by Will or by separate contract, to receive any such payment and Great-West Life has been provided notice of the trust. If a valid trust has already been established, designate the trust as the beneficiary in this section. Before designating a trust, you should seek legal advice.

For All Other Applicants - If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing form #M6242 BIL. This appointment may not be suitable for all purposes. Before designating a trust, you should seek legal advice.

To be completed by the plan administrator

Plan number: _____ Plan member name: _____ Plan member ID: _____

5. Dependant Information

This section is to be completed by the plan member.

Complete this section if the plan includes health and/or dental coverage and you have not refused such coverage for your dependants in section 3. If there are more than four dependants, please attach a separate list. Please print clearly, in INK.

Spouse Information

last name _____ first name _____ middle initial _____
 Date of birth (month/day/year) _____ Gender _____
 Male Female

What group benefits coverage does your spouse have through his/her employer?

HEALTHCARE			DENTALCARE			VISIONCARE					
Single	Family	Waived	None	Single	Family	Waived	None	Single	Family	Waived	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where applicable, benefit payments will be coordinated between this plan and your spouse's plan.

Dependant Information

last name	first name	middle initial	Date of birth month/day/year	Gender		Full time student	Disabled dependant
				Male	Female		
Kakegabon	Zoogipon	Kwezens E	12/18/96	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Privacy

This section explains Great-West Life's commitment to privacy.

Protecting Your Personal Information

At The Great-West Life Assurance Company, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.

7. Authorizations and Declarations

This section must be signed and dated in INK by the plan member.

I hereby apply for coverage under the group benefits plan issued by Great-West Life.

I have read and understand and agree with the contents of the section on this form entitled "Protecting Your Personal Information".

I authorize:

- my plan sponsor to deduct from my pay and remit to Great-West Life the plan member contributions required under the plan, if applicable;
- Great-West Life to use my social insurance number for tax reporting purposes and as an identification number where it is required in the administration of the plan;
- Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life or the above to exchange personal information, when relevant and necessary to determine my eligibility for coverage and to administer the plan.

If applying for coverage for my spouse and/or dependants, I confirm that I am authorized to act on their behalf.

I agree that a photocopy or electronic copy of the Authorizations and Declarations section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

For Quebec applicants: I request that this form be in English.

Je demande que ce formulaire me soit remis en anglais.

Plan member signature: CKakegabon Date: June 10/15

SCANNED

COUPNET GROUP COVERAGE CHANGE FORM

For GWL Head Office Use Only
GWL Certificate Number

Please print clearly and complete both sides of this form, in INK. Sections 1 & 2 are to be completed by the plan administrator and sections 3 through 11 are to be completed by the plan member, for applicable changes. The plan administrator should keep a copy of the completed form for their records and send the **original** to The Great-West Life Assurance Company.

1. General Enrollment Information

Plan number: 106790 Division number: 1

Plan sponsor: Nishnawbe-Aski Legal Services Corporation.

Plan member name: Kakegabon Carol Plan member ID: 120
last name first name middle initial

2. Reinstatement
This information will be used to re-enroll the plan member in the group benefits plan.

Plan member returned to work on: Month _____ Day _____ Year _____

Reason for reinstatement (E.g., return from leave of absence, return from lay-off) _____

3. Refusal of Benefits
Cross outs and/or corrections in this section must be initialed.

Note: Health and/or dental coverage can only be refused if you and/or your dependants are covered by duplicate group benefits through your spouse's employer.

I understand the plan of group benefits offered to me, but I **decline** to participate in:

Healthcare for myself and my dependants my dependants only

Dentalcare for myself and my dependants my dependants only

Spousal insurer's name: _____ Plan number: _____

Effective date of change: Month _____ Day _____ Year _____

If you lose spousal coverage you must apply for coverage within 31 days of loss of such coverage. If you do not apply within 31 days you and your dependants may be required to provide proof of insurability acceptable to Great-West Life to be covered. If you are approved, coverage for dental benefits may be limited.

Please see your plan administrator for details.

4. Addition of Group Health and/or Dental Benefits

You may apply to be enrolled for group coverage if your spouse has lost group benefits coverage through his/her employer.

Effective date of loss of coverage through spousal plan: Month Oct Day 1 Year 2012

Indicate the benefit(s) no longer covered under the spousal plan:
 Healthcare Dentalcare

5. Dependant Information Change
This section must be completed if you are adding or deleting a dependant, or updating dependant information. **If there are more than four dependants, please attach a separate list. Please print clearly, in INK.**

Effective date of change: Month December Day 1st Year 2012

To: Single coverage Family coverage

Reason: Birth of child Divorce Marriage Cohabitation Date of marriage/cohabitation: Month 04 Day 28 Year 95

Other (please specify) Loss of Spouse's coverage

Spouse Information
Add Change Delete

Kakegabon Narcisse Alex
last name first name middle initial

Date of birth (month/day/year) 05/11/65 Gender Male Female

What group benefits coverage does your spouse have through his/her employer?

HEALTHCARE				DENTALCARE				VISIONCARE			
Single	Family	Waived	None	Single	Family	Waived	None	Single	Family	Waived	None
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Where applicable, benefit payments will be coordinated between this plan and your spouse's plan.

Dependant Information			Date of birth	Gender	Full time student	Disabled dependant
Add	Change	Delete	month/day/year	Male Female	Yes No	Yes No
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>Kakegabon Zoogipon Ernestine 12/18/96</u>	<input type="radio"/> Male <input checked="" type="radio"/> Female	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/>	<input type="radio"/>

6. Plan Member Name Change

From: _____ To: _____
last name first name middle initial last name first name middle initial

7. Beneficiary Designation Change

This section must be completed to change the designated beneficiary or beneficiaries for your life benefits.
 The original of this form will be required for a life claim.
 Crossed out beneficiary designations must be initialed.
 Please print clearly, in INK.

Beneficiary Designation
 I hereby revoke all previous beneficiary designations and designate the following as beneficiary(ies):

Beneficiary's name(s)	Percent allocated	Relationship to plan member
last name first name middle initial	_____	_____
last name first name middle initial	_____	_____
last name first name middle initial	_____	_____

To be divided as follows: As per the percentages indicated above, or
 In equal shares to the survivor(s)

You may change this beneficiary designation at any time upon notice to Great-West Life. If you wish to make the beneficiary designation irrevocable (meaning you may not change the designation or make certain changes to your coverage under the plan without the written consent of the beneficiary) please complete form #M6348 BIL.

Note: Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the circle marked "Revocable", below.

I hereby make the above beneficiary designation:
 Revocable, I may change this beneficiary designation at any time
 If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing form #M6242 BIL. This appointment may not be suitable for all purposes.
If you are designating a trustee/administrator, we recommend you consult with a legal advisor, and with any proposed trustee/administrator.

8. Current Beneficiary Name Change

Complete if a current beneficiary has had a legal change of name.

From: _____ To: _____
last name first name middle initial last name first name middle initial

Relationship to plan member: _____

9. Opting Out of all Group Benefits

You may opt out of your group benefits plan, if your coverage is non-compulsory.

Opting out of all group benefits - for non-compulsory plans only.
 I understand the group benefits plan offered to me, but I **decline** to participate.
 If at any time in the future you wish to join the group benefits plan, you and your dependants will have to provide proof of insurability acceptable to Great-West Life to be covered. If approved, dental benefits, if applicable, may be limited.
 Effective date: Month _____ Day _____ Year _____
 Please see your plan administrator for details.

10. Privacy

This section explains Great-West Life's commitment to privacy.

Protecting Your Personal Information
 At The Great-West Life Assurance Company (Great-West Life), we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. We collect, use and disclose the personal information to determine your eligibility for coverage, and to administer the plan, including investigating and assessing claims, and creating and maintaining records concerning our relationship.

11. Authorizations and Declarations

This section must be signed and dated in INK by the plan member.

Authorizations and Declarations
 I hereby apply for coverage under the group benefits plan issued by Great-West Life.
 I authorize:

- my plan sponsor to deduct from my pay and remit to Great-West Life the plan member contributions required under the plan, if applicable;
- Great-West Life to use my social insurance number for tax reporting purposes and as an identification number where it is required in the administration of the plan;
- Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life to exchange personal information, when necessary to determine my eligibility for coverage and to administer the plan.

 If applying for coverage for my spouse and/or dependants, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

For Quebec applicants: I request that this form be in English.
 Je demande que ce formulaire me soit remis en anglais.
 Plan member signature: Carol Kakegabon Date: Dec 5/12

Produced on: DEC 05 2012

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

Print This Page

Revise Employee - Confirmation

Policy: 106790
 Employee ID: 120
 Effective Date: DEC 1 2012

The following enrollment information for **Carol Kakegabon** has been successfully updated.

Employee Information:

Dependant Name on Drug Card: NARCISSE KAKEGABON

Benefit Information:

Benefit	Status	
	Employee	Dependant
Healthcare	In-force	In-force

If an "Employee Change Form" was completed for reasons other than a beneficiary change, keep the original signed form in a secure location. It may be required to support future benefit payments under your plan.

If the "Employee Change Form" includes a change in beneficiary the form must be signed and dated in ink and mailed to Great-West's Head Office. It may be required to support future benefit payments under your plan.

If the Beneficiary Information maintained on Great-West's system differs from the "Application for Group Coverage Form" or "Employee Change Form", the information on the forms will prevail.

[Return to Maintain/Inquire on Employee Page](#)

[Return to Enrollment Home Page](#)

[View In-Force Premium and Taxes](#)

[Help]

This site contains confidential information. It is intended for plan administration purposes only and may be viewed only by authorized personnel.

For inquiries on **GroupNet**, email us at GROUPNET Help Desk or call 1-800-665-2648.

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[Privacy Policy](#) | [Legal](#) | [Internet Security](#) | [Accessibility](#)

GROUPNET GROUP COVERAGE CHANGE FORM

For GWL Head Office Use Only
GWL Certificate Number

Please print clearly and complete both sides of this form, in INK. Sections 1 & 2 are to be completed by the plan administrator and sections 3 through 11 are to be completed by the plan member, for applicable changes. The plan administrator should keep a copy of the completed form for their records and send the **original** to The Great-West Life Assurance Company.

1. General Enrollment Information

Plan number: 106 790 Division number: 1

Plan sponsor: Nishnawbe-Astki Legal Services Corporation.

Plan member name: Kakegabon Carl A Plan member ID: 120
last name first name middle initial

2. Reinstatement

This information will be used to re-enroll the plan member in the group benefits plan.

Plan member returned to work on: Month _____ Day _____ Year _____

Reason for reinstatement (E.g., return from leave of absence, return from lay-off) _____

3. Refusal of Benefits

Cross outs and/or corrections in this section must be initialled.

Note: Health and/or dental coverage can only be refused if you and/or your dependants are covered by duplicate group benefits through your spouse's employer.

I understand the plan of group benefits offered to me, but I **decline** to participate in:

Healthcare for myself and my dependants my dependants only

Dentalcare for myself and my dependants my dependants only

Spousal insurer's name: _____ Plan number: _____

Effective date of change: Month _____ Day _____ Year _____

If you lose spousal coverage you must apply for coverage within 31 days of loss of such coverage. If you do not apply within 31 days you and your dependants may be required to provide proof of insurability acceptable to Great-West Life to be covered. If you are approved, coverage for dental benefits may be limited.

Please see your plan administrator for details.

4. Addition of Group Health and/or Dental Benefits

You may apply to be enrolled for group coverage if your spouse has lost group benefits coverage through his/her employer.

Effective date of loss of coverage through spousal plan: Month 10 Day 15 Year 12

Indicate the benefit(s) no longer covered under the spousal plan:

Healthcare Dentalcare

5. Dependant Information Change

This section must be completed if you are adding or deleting a dependant, or updating dependant information. **If there are more than four dependants, please attach a separate list. Please print clearly, in INK.**

Effective date of change: Month October Day 15 Year 2012

To: Single coverage Family coverage

Reason: Birth of child Divorce Marriage Cohabitation Date of marriage/cohabitation: Month _____ Day _____ Year _____

Other (please specify) Spouse lost Healthcare coverage.

Spouse Information

Add Change Delete

Kakegabon Narcisse A
last name first name middle initial

Date of birth (month/day/year) 05/11/65 Gender Male Female

What group benefits coverage does your spouse have through his/her employer?

HEALTHCARE				DENTALCARE				VISIONCARE			
Single	Family	Waived	None	Single	Family	Waived	None	Single	Family	Waived	None
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Where applicable, benefit payments will be coordinated between this plan and your spouse's plan.

Dependant Information			Date of birth	Gender	Full time	Disabled		
Add	Change	Delete	month/day/year	Male	Female	student	dependant	
						Yes	Yes	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>Kakegabon Zoogian E</u> <small>last name first name middle initial</small>	<u>12/18/96</u>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>Kakegabon Giuwedin A</u> <small>last name first name middle initial</small>	<u>09/14/90</u>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE ON REVERSE SIDE

To be completed by the plan administrator

Plan number: 106790

Plan member name: Carol Kategalon

Plan member ID: 120

6. Plan Member Name Change

From: _____ To: _____
last name first name middle initial last name first name middle initial

7. Beneficiary Designation Change

This section must be completed to change the designated beneficiary or beneficiaries for your life benefits.

The original of this form will be required for a life claim.

Crossed out beneficiary designations must be initialed.

Please print clearly, in INK.

Beneficiary Designation

I hereby revoke all previous beneficiary designations and designate the following as beneficiary(ies):

Beneficiary's name(s)	Percent allocated	Relationship to plan member
last name first name middle initial	_____	_____
last name first name middle initial	_____	_____
last name first name middle initial	_____	_____

To be divided as follows: As per the percentages indicated above, or In equal shares to the survivor(s)

You may change this beneficiary designation at any time upon notice to Great-West Life. If you wish to make the beneficiary designation irrevocable (meaning you may not change the designation or make certain changes to your coverage under the plan without the written consent of the beneficiary) please complete form #M6348 BIL.

Note: Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the circle marked "Revocable", below.

I hereby make the above beneficiary designation:

Revocable, I may change this beneficiary designation at any time

If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing form #M6242 BIL. This appointment may not be suitable for all purposes.

If you are designating a trustee/administrator, we recommend you consult with a legal advisor, and with any proposed trustee/administrator.

8. Current Beneficiary Name Change

Complete if a current beneficiary has had a legal change of name.

From: _____ To: _____
last name first name middle initial last name first name middle initial

Relationship to plan member: _____

9. Opting Out of all Group Benefits

You may opt out of your group benefits plan, if your coverage is non-compulsory.

Opting out of all group benefits - for non-compulsory plans only.

I understand the group benefits plan offered to me, but I decline to participate.

If at any time in the future you wish to join the group benefits plan, you and your dependants will have to provide proof of insurability acceptable to Great-West Life to be covered. If approved, dental benefits, if applicable, may be limited.

Effective date: Month _____ Day _____ Year _____

Please see your plan administrator for details.

10. Privacy

This section explains Great-West Life's commitment to privacy.

Protecting Your Personal Information

At The Great-West Life Assurance Company (Great-West Life), we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. We collect, use and disclose the personal information to determine your eligibility for coverage, and to administer the plan, including investigating and assessing claims, and creating and maintaining records concerning our relationship.

11. Authorizations and Declarations

This section must be signed and dated in INK by the plan member.

Authorizations and Declarations

I hereby apply for coverage under the group benefits plan issued by Great-West Life.

I authorize:

- my plan sponsor to deduct from my pay and remit to Great-West Life the plan member contributions required under the plan, if applicable;
- Great-West Life to use my social insurance number for tax reporting purposes and as an identification number where it is required in the administration of the plan;
- Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life to exchange personal information, when necessary to determine my eligibility for coverage and to administer the plan.

If applying for coverage for my spouse and/or dependants, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

For Quebec applicants: I request that this form be in English.

Je demande que ce formulaire me soit remis en anglais.

Plan member signature: Carol Kategalon Date: Oct 9/12

Plan administrator signature: Lee Bran Date: October 9/12 Page 2 of 2

Please print clearly and complete both sides of this form, in INK. Section 1 is to be completed by the plan administrator and sections 2 through 7 are to be completed by the plan member.

1. Plan Sponsor Section

This section is to be completed by the plan administrator.

COPY

Plan number: _____ Division number: _____ Benefit class: _____
 Plan sponsor: _____
 Plan member ID: _____ Cost centre (if applicable): _____
 Eligible date of employment: Month _____ Day _____ Year _____
 Effective date of coverage: Month _____ Day _____ Year _____
 Occupation: _____ Earnings: \$ _____ per year month week hour
 Plan member province of residence: _____ Plan member province of employment: _____

2. Plan Member Information

This section is to be completed by the plan member.

Please print clearly in INK.

Plan member name (print): Buswa Carol Ann
last name first name middle initial
 Gender: Male Female Date of birth: Month 10 Day 16 Year 62
 Plan member mailing address:
 Street address: 800 Mary St. W.
 City: Thunder Bay Province: ON Postal code: P7E 4L8
 Do you have a spouse (married, common-law or civil union spouse)? Yes No
 Do you have dependant children, including full time students or disabled adults? Yes No
 How many dependants in total, including spouse? 1

3. Refusal of Benefits

This section is to be completed by the plan member.

Note: Health and/or dental coverage can only be refused if you and/or your dependants are covered by duplicate group benefits through your spouse's employer.

I understand the plan of group benefits offered to me, but I decline to participate in:

Healthcare for myself and my dependants my dependants only
 Dentalcare for myself and my dependants my dependants only

Spousal insurer's name: _____ Plan number: _____
 If you lose spousal coverage you must apply for coverage within 31 days of loss of such coverage. If you do not apply within 31 days you and your dependants may be required to provide proof of insurability acceptable to Great-West Life to be covered. If you are approved, coverage for dental benefits may be limited.
 Please see your plan administrator for details.

4. Beneficiary Designation

This section must be completed to designate a beneficiary for your life benefits, if applicable. The original of this form will be required for a life claim. Crossed out beneficiary designations must be initialed. Please print clearly in INK.

Beneficiary's name(s)	Percent allocated	Relationship to plan member
last name <u>Desmoulin</u> first name <u>Dawn</u> middle initial <u>L</u>	<u>34%</u>	<u>daughter</u>
last name <u>Kakegabon</u> first name <u>Giwedini</u> middle initial <u>A</u>	<u>33%</u>	<u>son</u>
last name <u>Kakegabon</u> first name <u>Zogison Ikwezens</u> middle initial <u>E</u>	<u>33%</u>	<u>daughter</u>

To be divided as follows: As per the percentages indicated above, or In equal shares to the survivor(s)

You may change this beneficiary designation at any time upon notice to Great-West Life. If you wish to make the beneficiary designation irrevocable (meaning you may not change the designation or make certain changes to your coverage under the plan without the written consent of the beneficiary) please complete form #M6348 BIL.

Note: Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the box marked "Revocable", below.

I hereby make the above beneficiary designation:
 Revocable, I may change this beneficiary designation at any time

For Quebec Applicants Only - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to his/her tutor(s) or curator(s), unless a valid trust has been established for the benefit of the beneficiary, by Will or by separate contract, to receive any such payment and Great-West Life has been provided notice of the trust. If a valid trust has already been established, designate the trust as the beneficiary in this section. Before designating a trust, you should seek legal advice.

For All Other Applicants - If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing form #M6242 BIL. This appointment may not be suitable for all purposes. Before designating a trust, you should seek legal advice.

To be completed by the plan administrator

Plan number: _____ Plan member name: _____ Plan member ID: _____

5. Dependant Information

This section is to be completed by the plan member.

Complete this section if the plan includes health and/or dental coverage and you have not refused such coverage for your dependants in section 3. If there are more than four dependants, please attach a separate list. Please print clearly, in INK.

Spouse Information

last name _____ first name _____ middle initial _____
 Date of birth (month/day/year) _____ Gender _____
 Male Female

What group benefits coverage does your spouse have through his/her employer?

HEALTHCARE				DENTALCARE				VISIONCARE			
Single	Family	Waived	None	Single	Family	Waived	None	Single	Family	Waived	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where applicable, benefit payments will be coordinated between this plan and your spouse's plan.

Dependant Information

last name	first name	middle initial	Date of birth month/day/year	Gender		Full time student Yes	Disabled dependant Yes
				Male	Female		
Kakegabon	Zoogipon	Ekwere	12/18/96	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Privacy

This section explains Great-West Life's commitment to privacy.

Protecting Your Personal Information

At The Great-West Life Assurance Company, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.

7. Authorizations and Declarations

This section must be signed and dated in INK by the plan member.

I hereby apply for coverage under the group benefits plan issued by Great-West Life.

I have read and understand and agree with the contents of the section on this form entitled "Protecting Your Personal Information".

I authorize:

- my plan sponsor to deduct from my pay and remit to Great-West Life the plan member contributions required under the plan, if applicable;
- Great-West Life to use my social insurance number for tax reporting purposes and as an identification number where it is required in the administration of the plan;
- Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life or the above to exchange personal information, when relevant and necessary to determine my eligibility for coverage and to administer the plan.

If applying for coverage for my spouse and/or dependants, I confirm that I am authorized to act on their behalf.

I agree that a photocopy or electronic copy of the Authorizations and Declarations section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

For Quebec applicants: I request that this form be in English.

Je demande que ce formulaire me soit remis en anglais.

Plan member signature: _____

Date: June 10/15


SCANNED

Self-Evaluation Form

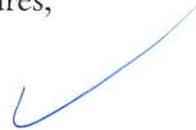
Employee Name: carol Buswa	Job Title: TTP Manager
Date: June 6, 2016	Supervisor: Celina Reitberger

Please complete the following information to help prepare for your performance review. Use the spaces provided to include appropriate comments about your job and your performance.

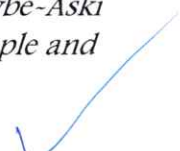
1. What do you consider to be the top three to five priorities of your job as you understand them? Budget, administration, staffing, debriefing & seasonal self-help strategies



2. What do you see as your greatest accomplishment or successful efforts since the beginning of your employment with Nishnawbe-Aski Legal Services Corporation? Developing and enhancing of an Aboriginal Alternative Dispute Resolution process including procedures, manual & systemized process.



3. Complete the following sentence. *I believe that my greatest contribution to Nishnawbe-Aski Legal Services Corporation is: Loyalty and commitment to the betterment of our people and members of the NAN territory.*



4. In what area or areas would you like to gain more experience, training or education?
Interests in more management aspect and more computer programs i.e. excel

5. What activities or trainings have you participated in over the last review period in order to develop yourself professionally? Aboriginal Mental Health –Residential School Trauma & Affects, Justice Conference Montreal, PAAC Provincial ADR Committee, Family Dispute Resolution Institute of Ontario, Innovations & Family Dispute Resolution Training

6. What could you do to perform your job duties and assigned tasks more efficiently? Planner and calendar

7. Please complete the following. *I believe my goals and objectives for the coming year should be: well organized and accountable on a quarterly bases*

8. What kinds of professional development activities would you like to do during the coming year? Management & computer programs



Nishnawbe-Aski Legal
Services Corporation
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Personal File Checklist

Employee Name: _____ Date Reviewed: _____

Section 1: Employment Contracts / Salary Adjustments/Hiring Documents

Employment Agreement	<input type="checkbox"/>
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Section 2: Orientation Documents

Employee Information	<input type="checkbox"/>
Oath of Confidentiality	<input type="checkbox"/>
Policy Acceptance	<input type="checkbox"/>
Criminal Record Check	<input type="checkbox"/>
ID (Driver's License, Status Car, Etc.)	<input type="checkbox"/>
SIN Number	<input type="checkbox"/>
Void Cheque	<input type="checkbox"/>
Device Agreements (Laptop, Phone, Etc.)	<input type="checkbox"/>

Section 3: Tax Forms

TD1	<input type="checkbox"/>
TD1ON	<input type="checkbox"/>
TD1IN (Tax Exemption, If Applicable)	<input type="checkbox"/>

Section 4: Training Certificates

Section 5: Pension / Benefits / Medical Documents

Pension Enrolment	<input type="checkbox"/>
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Section 6: Performance Evaluations



Nishnawbe-Aski Legal
Services Corporation
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Personal File Checklist

Employee Name: _____ Date Reviewed: _____

Section 1: Employment Contracts / Salary Adjustments/Hiring Documents

Employment Agreement	<input type="checkbox"/>
----------------------	--------------------------

Section 2: Orientation Documents

Employee Information	<input type="checkbox"/>
Oath of Confidentiality	<input type="checkbox"/>
Policy Acceptance	<input type="checkbox"/>
Criminal Record Check	<input type="checkbox"/>
ID (Driver's License, Status Car, Etc.)	<input type="checkbox"/>
SIN Number	<input type="checkbox"/>
Void Cheque	<input type="checkbox"/>
Device Agreements (Laptop, Phone, Etc.)	<input type="checkbox"/>

Section 3: Tax Forms

TD1	<input type="checkbox"/>
TD1ON	<input type="checkbox"/>
TD1IN (Tax Exemption, If Applicable)	<input type="checkbox"/>

Section 4: Training Certificates

Section 5: Pension / Benefits / Medical Documents

Pension Enrolment	<input type="checkbox"/>
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Section 6: Performance Evaluations



TALKING TOGETHER

Employee Performance Review

EMPLOYEE INFORMATION

Name Carol Buzwa Employee ID _____
 Job Title TTP Manager. Date June 23/17.
 Department _____ Manager _____
 Review Period June 10/17 to June 23/17.

RATINGS

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					

Overall Rating (average the rating numbers above)

EVALUATION

ADDITIONAL COMMENTS shortage of staff - no. of circles - juggling a lot. Zelda is coordinating - has been a good change. Doug is now doing circles.

GOALS (as agreed upon by employee and manager)

- delegate responsibility
- take time for self
- develop a program tool kit \Rightarrow staff more self reliant and independant.
- develop job incentives \Rightarrow job retention.
- continue developing proposals.
- use \$ for CCN for a wage increase.

VERIFICATION OF REVIEW

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Employee Signature C Buzwa Date June 23/17
 Manager Signature [Signature] Date June 23/17



TALKING TOGETHER

Employee Performance Review

EMPLOYEE INFORMATION

Name Carol Buson Employee ID _____
 Job Title TTP MGR Date June 23/17
 Department _____ Manager Celina Reithinger
 Review Period June 11/16 - June 23/17

RATINGS

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>					

Overall Rating (average the rating numbers above)

EVALUATION

ADDITIONAL COMMENTS Zelda is now coordinating files for TTP & still works resp. - Doug also doing circles

GOALS (as agreed upon by employee and manager)

- Delegate more responsibility + take time for self
- Dev tool kit to empower + dev self reliance
- Develop job incentives
- Con't w/ proposal
- Rpt + letter to Celina / Board

VERIFICATION OF REVIEW

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Employee Signature _____ Date Jun 23/17
 Manager Signature _____ Date _____

Self-Evaluation Form

Employee Name: Carol Buswa	Job Title: TTP-Manager
Date: June 23, 2017	Supervisor: Celina Reitberger

Please complete the following information to help prepare for your performance review. Use the spaces provided to include appropriate comments about your job and your performance.

1. What do you consider to be the top three to five priorities of your job as you understand them?
 - Relationships
 - Health
 - Toolkit
 - Life Long Learning
 - Continuous Learning
 - Strategic Planning

2. What do you see as your greatest accomplishment or successful efforts since the beginning of your employment with Nishnawbe-Aski Legal Services Corporation?

-Stabilizing and maintaining the TTP program and working with MCYS to obtain annualized funding for the program

-Working with staff to develop and improve the database

-Team building with staff

-Program planning with staff

-obtained + secured \$\$ funding (other) CCCN
Advisory Committee

3. Complete the following sentence. *I believe that my greatest contribution to Nishnawbe-Aski Legal Services Corporation is:*

Building on relationships, continuous learning and strategic planning for the program.

4. In what area or areas would you like to gain more experience, training or education?

-Mediation Training

-Continuous learning

5. What activities or trainings have you participated in over the last review period in order to develop yourself professionally?

- HR Downloads
- Conflict in the Workplace ASLIP
- BFA Beauty for Ashes

6. What could you do to perform your job duties and assigned tasks more efficiently?

- Ensure planning for each quarter
- Continue team building with staff
- Develop a toolkit to assist in program tasks
- Develop better communication and working relationship with MCYS

7. Please complete the following. *I believe my goals and objectives for the coming year should be:*

- Continue teambuilding with program staff*
- Develop a program toolkit*
- Mediation development*
- Develop job incentives*
- Continue developing proposals*

8. What kinds of professional development activities would you like to do during the coming year?

- Mediation development
- Continue relationship & teambuilding
- Continue strategic planning for TTP
- MCYS targets to be addressed on database.
for end of year reporting



TALKING TOGETHER

Employee Performance Review

EMPLOYEE INFORMATION

Name	Carol Duswa	Employee ID	
Job Title	T. Together Manager	Date	June 10/16
Department		Manager	C. Reitberger
Review Period	June 4/15 - June 10/16.		

RATINGS

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 4.5
Comments	- work on number of outstanding circles.				
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3.5	<input type="checkbox"/>	<input type="checkbox"/>
Comments	room for improvement. - needs to be more prepared for the unexpected				
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Overall Rating (average the rating numbers above)					

EVALUATION

ADDITIONAL COMMENTS - to do - letter to Scott A. ✓
- before any travel for CCCN - consult w. ED first

GOALS (as agreed upon by employee and manager)
- seek out + find training for new MCYS reporting requirements. Risk Management. Kly submission
- do a quarterly planner for self. Oct Nov DEC - set template
- Excel training with Jeff.
- get Scott to observe TTP circle ASAP.

VERIFICATION OF REVIEW

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Employee Signature	<i>Carol Duswa</i>	Date	June 10/16
Manager Signature	<i>Leona Reitberger</i>	Date	June 10/16.

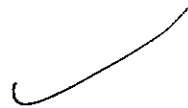
Sept 22/16 - do proposals to fund training + expand # of facilitators - DOJ? Foundation? Trust Funds? CB
CP

Self-Evaluation Form

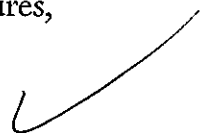
Employee Name: carol Buswa	Job Title: TTP Manager
Date: June 6, 2016	Supervisor: Celina Reitberger

Please complete the following information to help prepare for your performance review. Use the spaces provided to include appropriate comments about your job and your performance.

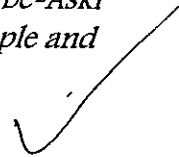
1. What do you consider to be the top three to five priorities of your job as you understand them? Budget, administration, staffing, debriefing & seasonal self-help strategies

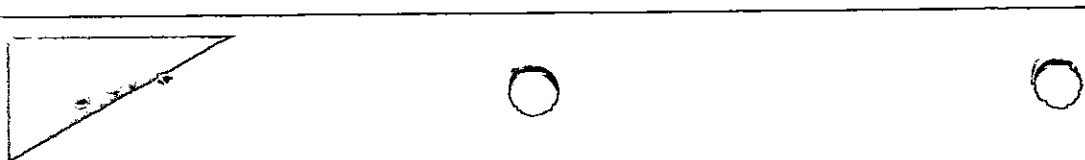


2. What do you see as your greatest accomplishment or successful efforts since the beginning of your employment with Nishnawbe-Aski Legal Services Corporation? Developing and enhancing of an Aboriginal Alternative Dispute Resolution process including procedures, manual & systemized process.



3. Complete the following sentence. *I believe that my greatest contribution to Nishnawbe-Aski Legal Services Corporation is: Loyalty and commitment to the betterment of our people and members of the NAN territory.*





4. In what area or areas would you like to gain more experience, training or education?
Interests in more management aspect and more computer programs i.e. excel

5. What activities or trainings have you participated in over the last review period in order to develop yourself professionally? Aboriginal Mental Health –Residential School Trauma & Affects, Justice Conference Montreal, PAAC Provincial ADR Committee, Family Dispute Resolution Institute of Ontario, Innovations & Family Dispute Resolution Training

6. What could you do to perform your job duties and assigned tasks more efficiently? Planner and calendar

7. Please complete the following. *I believe my goals and objectives for the coming year should be: well organized and accountable on a quarterly bases*

8. What kinds of professional development activities would you like to do during the coming year? Management & computer programs



TALKING TOGETHER

Employee Performance Review

EMPLOYEE INFORMATION	
Name <i>Carol Duswa</i>	Employee ID
Job Title <i>T. Together Manager</i>	Date <i>June 10/16</i>
Department	Manager <i>C. Reitberger</i>
Review Period <i>June 4/15 - June 10/16.</i>	

RATINGS	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	<i>- work on number of outstanding circles.</i>				
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	<i>room for improvement. - needs to be more prepared for the unexpected</i>				
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Overall Rating (average the rating numbers above)					

EVALUATION	
ADDITIONAL COMMENTS	<i>- todo - letter to Scott A. - before any travel for CCN - consult w. ED first</i>
GOALS (as agreed upon by employee and manager)	<i>- seek out + find training for new MCYS reporting requirements - do a quarterly planner for self. - Excel training with Jeff.</i>

VERIFICATION OF REVIEW	
<i>By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.</i>	
Employee Signature <i>Carol Duswa</i>	Date <i>June 10/16</i>
Manager Signature <i>Carol Reitberger</i>	Date <i>June 10/16.</i>



TALKING TOGETHER

Employee Performance Review

EMPLOYEE INFORMATION	
Name <i>Carol Buswa</i>	Employee ID
Job Title <i>TALC Manager</i>	Date <i>June 10/16</i>
Department <i>TALC</i>	Manager
Review Period	

RATINGS	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>4.5</i>	<input type="checkbox"/>
Comments - <i>circles</i>					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>3.5</i>	<input type="checkbox"/>	<input type="checkbox"/>
Comments <i>Carol - may need improvement => looking to improve. - be more prepared for the unexpected. ie son's surgery.</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Overall Rating (average the rating numbers above)					

Handwritten notes and scribbles on the right margin.

EVALUATION
ADDITIONAL COMMENTS <i>7 sacred teachings on H&D => Advisory committee</i> <i>Staff incentives - done @ training</i> <i>=> Staff turnover => look to Doug</i>
GOALS <i>Seek out + find help/training w/ M&S reporting.</i> <i>(as agreed upon by employee and manager) quarterly planner for self.</i>

VERIFICATION OF REVIEW	
By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.	
Employee Signature	Date
Manager Signature	Date



TALKING TOGETHER – TALKING TOGETHER MANAGER Job Description

Description:

Working under the direction and reporting to the Executive Director, the Talking Together Program Manager oversees the Talking Together Program and is also responsible for program development on behalf of the Corporation.

Duties and Responsibilities:

Supervise the day to day activities of the Talking Together Program staff
Provide and submit quarterly reports and stats to the Ministry of Children and Youth Services
Provide ongoing training opportunities for the Talking Together Facilitators
Implement a comprehensive evaluation of the Talking Together Program
Manage and supervise the budgetary expenditures
Organize and chair bi-monthly meetings/conference calls of the Talking Together Program Advisory Committee
Organize and review client files of all Talking Together Facilitators bi-monthly
Report to the Executive Director and participate on the Management Team
Report to the Board of Directors quarterly and the NAN chiefs in assembly annually
Such other duties as need to be performed to further the Talking Together Program
Work with and assist communities in projects geared to Talking Together initiatives
Extensive travel to communities to promote and evaluate the Talking Together program
Reporting to the Executive Director as to the status of the program on an ongoing basis
Supervise the development of promotional material and oversee the distribution of same.
Otherwise promote the program through newspaper articles and radio broadcast
Facilitate Talking Together Circles as needed

Administration and Supervision

Assist with the review and administration of Funding Agreements
Obtain and input program budget information and datum
Review program(s) budgets for financial management purposes
Verify program financial data reports prepared
Maintain a suitable filing system for the program(s) and individual expense staff records;
Provide supervision and support to administrative support staff

SCANNED

Financial Responsibility and Decision Making:

Program administration ensuring the timely processing of timesheets, confirming and verifying travel claims and schedules, assuring the completion of all reporting requirements (both program and financial) statistics; conducts case supervisions and reviews, and liaises with collateral service providers;

Program management; assures personnel management and administration; provides program supervision and quality assurance (program evaluations and reviews); arranges all facilitation training and certification; develops and effectuates all program protocols, and liaises with funding agents;

Assisting the Executive Director and the Manager in maintaining day-to-day integrity of NALSC programs and services

Accountability

The Program Manager is accountable on a day to day basis to the Executive Director for overall work performance and reporting and to the Board of Directors for program developments and reporting.

Self-Evaluation Form

Employee Name: Carol Kakegebon	Job Title: Talking Together Manager
Date: June 4/15	Supervisor: Celina Reitberger

Please complete the following information to help prepare for your performance review. Use the spaces provided to include appropriate comments about your job and your performance.

1. What do you consider to be the top three to five priorities of your job as you understand them?

- 1 - Financial Accountability
- 2 - Program Management
- 3 - Administration - Program + Staff
- 4 - Communities + Community Initiatives
- 5 - Program Development
- 6 - Productivity + Effectiveness

2. What do you see as your greatest accomplishment or successful efforts since the beginning of your employment with Nishnawbe-Aski Legal Services Corporation?

- Capacity Building - ^{Communities + organizations} building relationships with other organizations
- Team Management ^{Statistics - increase}
- Annualized Funding

3. Complete the following sentence. *I believe that my greatest contribution to Nishnawbe-Aski Legal Services Corporation is:* my commitment to the people of NAN territory, Talking Together Program and NAHSC goals and objectives.

4. In what area or areas would you like to gain more experience, training or education?

More mediation training or education and Management training (update) + HR Training

REMARKS

5. What activities or trainings have you participated in over the last review period in order to develop yourself professionally?

I attended a Domestic Violence Symposium/workshops in fall of 2014

6. What could you do to perform your job duties and assigned tasks more efficiently?

Stick to the plan as best as I can (circumstances considered) follow up on completed tasks (bi-weekly planner) and

7. Please complete the following. I believe my goals and objectives for the coming year should

be:

- ① updating T.T.P.
- ② Incorporate seven Teachings in manual (curriculum)
- ③ Staff Incentive
- ④ Cont to Capacity Build

8. What kinds of professional development activities would you like to do during the coming year?

For all staff - Self-Care
 - Time management
 - organizational Planning (Program + staff) (ongoing)

Self-Evaluation Form

Employee Name: <u>Carol Kolagodon</u>	Job Title: <u>Talking Together Manager</u>
Date: <u>June 4/15</u>	Supervisor: <u>Celina Reitberger</u>

Please complete the following information to help prepare for your performance review. Use the spaces provided to include appropriate comments about your job and your performance.

1. What do you consider to be the top three to five priorities of your job as you understand them?

- 1 - Financial Accountability
- 2 - Program Management
- 3 - Administration - Program + Staff
- 4 - Communities + Community Initiatives
- 5 - Program Development
- 6 - Productivity + Effectiveness

2. What do you see as your greatest accomplishment or successful efforts since the beginning of your employment with Nishnawbe-Aski Legal Services Corporation?

- Capacity Building ^{Communities + organizations} - building relationships with other organizations
- Team Management ^{Statistics - increase}
- Annualized Funding

3. Complete the following sentence. *I believe that my greatest contribution to Nishnawbe-Aski Legal Services Corporation is: my commitment to the people of NAN territory, Talking Together Program and NALSC goals and objectives.*

4. In what area or areas would you like to gain more experience, training or education?

More mediation training or education and Management training (update) + HR Training

look for myself.

5. What activities or trainings have you participated in over the last review period in order to develop yourself professionally?

I attended a Domestic Violence Symposium/workshops in fall of 2014

6. What could you do to perform your job duties and assigned tasks more efficiently?

Stick to the plan as best as I can (circumstances considered) follow up on completed tasks (bi-weekly planner) and

7. Please complete the following. I believe my goals and objectives for the coming year should

be:

- ① updating T.T.P.
- ② ~~reorganize seven Teachings into~~ manual (curriculum)
- ③ Staff Incentive
- ④ Cont to Capacity Build
- * Complete Evaluation

8. What kinds of professional development activities would you like to do during the coming year?

For all staff - Self-Care -
 - Time management → August
 - organizational Planning (Program) Staff (ongoing)
 - D.M.

T.T.P. Radio show

Central Filing System - need

- Elders + Grandparents - TTP Awareness Training
 (Chand's Liens - 1.5 75 actual 29/11)

CONTRACT

This agreement made in duplicate this 17th day of October, 2012.

BETWEEN:

NISHNAWBE ASKI LEGAL SERVICES CORPORATION
(hereinafter referred to as "NALSC")

OF THE FIRST PART

-and-

CAROL KAKEGABON
(hereinafter referred to as the "Talking Together/Program Manager")

OF THE SECOND PART

Nishnawbe Aski Legal Services Corporation hereby contracts with CAROL KAKEGABON to serve as a Talking Together/Program Manager. The following shall be the terms and conditions of this contract for service:

1. TERMS OF REFERENCE

- 1.1 The Talking Together/Program Manager undertakes to perform and to be responsible for the duties and responsibilities of this work as outlined in Schedule "A" attached to this Agreement. .
- 1.2 The Talking Together/Program Manager will report to and be responsible to the Executive Director on a day to day basis, and for overall work performance.
- 1.3 **Hours of Work/Accessibility**
The Talking Together/Program Manager will work five days per week during normal business hours (pursuant to the NALSC Personnel Policies & Procedures Manual) for a total of 35 hours per work week (deemed as full-time) and such other times as may be required to carry out the functions of this work, with the prior written approval of her supervisor(s) on the day(s) in question.
- 1.4 The Talking Together/Program Manager agrees to comply with all lawful instructions given by her supervisor or Executive Director or their designates.
- 1.5 The Talking Together/Program Manager agrees to adhere to all personnel and administrative policies approved by the Board of NALSC (the "NALSC Personnel Policies & Procedures Manual") and as administered by the Executive Director.

1.6 The Talking Together/Program Manager is deemed to be a term employee for the purposes and application of the NALSC policies, as amended, and except as otherwise agreed to in this agreement.

1.7 The Talking Together/Program Manager shall generally carry out the duties and responsibilities of this work from 150 City Road, Fort William First Nation, Thunder Bay, Ontario. Travel to NAN First Nations and communities throughout Ontario will be required as part of the duties of employment at the request of NALSC.

2. CONTRACT TERM

2.1 This Agreement shall be for a period of less than one year starting on April 1, 2012 and ending on March 31, 2013. The Talking Together/Program Manager agrees to provide the services outlined in Schedule "A" for this period and NALSC agrees to employ the Talking Together/Program Manager for the length of this term in accordance with the terms and conditions contained in this Agreement.

2.2 NALSC further agrees to provide the Talking Together/Program Manager with notice of its intention to renew or extend this Agreement in anticipation of the contemplated expiry hereof, on such terms as may be agreed upon. Failure of NALSC to provide notice of its intention to extend or renew the Agreement beyond March 31, 2013 shall be deemed to be notice of the termination/expiration of this Contract.

2.3 The Talking Together/Program Manager's performance shall be reviewed by the Executive Director. The Talking Together/Program Manager will receive an evaluation after three months of the execution of this Agreement, pursuant to the probation requirements in the Personnel Policy, identifying strengths and areas for improvement. NALSC reserves the right to evaluate the Talking Together/Program Manager at any time during the course of this Agreement if it is deemed to be necessary.

3. FINANCIAL ARRANGEMENTS

3.1 Contract Amount

The Talking Together/Program Manager shall be paid a fixed salary of \$55,000.00 per year, and such salary shall be paid bi-weekly, with deductions made for E.I., C.P.P., and Income Tax, if applicable.

3.2 Benefits

Nishnawbe Aski Legal Services Corporation shall provide the Talking Together/Program Manager with;

- 1) Vacation Leave (pursuant to the NALSC Personnel Policies and Procedures Manual).
- 2) Earned Sick Leave pursuant to the NALSC Personnel Policies and Procedures Manual.
- 3) Great West Life Group Benefits (pursuant to the NALSC Group Plan).
- 4) Great West Life RRSP Plan.

3.3 Travel Expenses

The Talking Together/Program Manager will be reimbursed for all the travel expenses necessarily incurred in carrying out the duties and responsibilities of employment, provided that advance approval for such expense is provided by his supervisors or Executive Director. Reimbursement will be limited to the following items:

- a) Hotel (room and tax only)
- b) Meals
- c) Economy Airfare
- d) Taxis (receipts required)
- e) Mileage (pursuant to NALSC Mileage Policy and limited to equivalent of one economy round trip fare)

4. TERMINATION

4.1 This Agreement may be terminated by NALSC at any time for any reason without notice.

4.2 In addition to the reasons hereinbefore, NALSC may terminate this Agreement without just cause given with two weeks' notice or by the payment to the Talking Together/Program Manager of two weeks' pay in lieu of notice, inclusive of benefits.

4.3 The Talking Together/Program Manager hereby acknowledges the unique circumstances of NALSC as a not-for-profit corporation dependent on public funds to operate. As such the programs/projects under which the Talking Together/Program Manager's services are provided are dependent on the provision of continued funding by the Ministry of Children and Youth Services or any other agency or Ministry that may contribute to the continuation of the projects at NALSC. In the event that funding for the programs is ended, then this Agreement will be terminated.

5. CONFIDENTIALITY

5.1 The Talking Together/Program Manager shall treat as private and confidential, both during as well as after this Agreement, any information concerning the affairs of NALSC, any information related to clients of NALSC to which the Talking Together/Program Manager becomes privy during the course of this Agreement, and agrees not to divulge any such information to any other person. In addition to the foregoing, the Talking Together/Program Manager shall ensure that any information relating to the identity of clientele will be kept absolutely and strictly confidential and shall not be divulged to any person or organization not entitled to this information whatsoever or howsoever.

Failure to keep all information confidential constitutes a breach of this contract entitling NALSC to terminate this agreement without notice.

6. CONFLICT OF INTEREST

6.1 The Talking Together/Program Manager agrees to refrain from any dealings with any business, partnership or undertaking, which do or which have the potential to conflict with any activity of NALSC.

7. ASSIGNMENT OF RIGHTS

7.1 The rights, which accrue, to NALSC under this Agreement shall pass to its successors or assigns.

7.2 The rights of the Talking Together/Program Manager under this Agreement are not assignable or transferable in any manner whatsoever.

8. SEVERABILITY

8.1 In the event that any provision in this Agreement shall be deemed void or invalid by a court of competent jurisdiction, the remaining provisions shall be and remain in full force and effect.

9. WAIVER

9.1 The waiver by either party of any breach or violation of any provision of this Agreement shall not operate or be construed as a waiver of any subsequent breach or violation of it.

10. ENTIRE AGREEMENT

10.1 This Agreement constitutes the entire agreement between the parties with respect to the employment of the Talking Together/Program Manager and any and all previous agreements, written or oral, express or implied between the parties or on their behalf relating to the contract for services as the Talking Together/Program Manager by NALSC are terminated and cancelled and each of the parties releases and forever discharges the other of and from all manner of action, causes of action, claims or demands under or in respect of any agreement.

11. MODIFICATION OF AGREEMENT

11.1 Any modification of this Agreement must be in writing, signed by the parties or it shall have no effect and shall be void.

12. GOVERNING LAW

12.1 This Agreement shall be governed by and construed in accordance with the laws of the Canada or the Province of Ontario, as the case may be.

13. HEADINGS

13.1 The headings utilized in this Agreement are for convenience only and are not to be construed in any way as additions to or limitations of the covenants and Agreements contained in this Agreement.

14. NOTICES

14.1 a) Any notice required or permitted to be given to the Talking Together/Program Manager shall be sufficiently given if delivered to the Talking Together/Program Manager personally or if mailed by registered mail to the employee's address last known to NALSC.

b) Any notice required or permitted to be given to NALSC shall be sufficiently given if mailed by registered mail to the NALSC at its address last known to the Talking Together/Program Manager.

c) Any notice given by mail shall be deemed to have been given seventy-two (72) hours after the time it is posted.

15. INDEPENDENT LEGAL ADVICE

15.1 The Talking Together/Program Manager acknowledges that she has read and understands this Agreement, and acknowledges that she has had the opportunity to obtain independent legal advice with respect to it.

November IN WITNESS WHEREOF the Parties have duly executed this Agreement this ^{14th} ~~17th~~ day of ~~October~~, 2012 in the City of Thunder Bay, in the Province of Ontario.

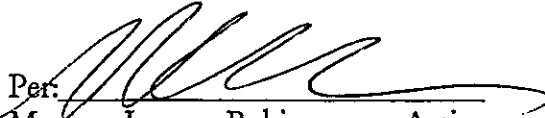
SIGNED, SEALED AND DELIVERED

In the presence of:

WITNESS


CAROL KAKEGABON

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

Per: 
Mary Jean Robinson, Acting Executive Director

I have authority to bind the corporation.

Carol Kakegabon

From: Jennifer McKenzie <jmckenzie@nanlegal.on.ca>
Sent: Wednesday, October 17, 2012 4:40 PM
To: Carol Kakegabon
Cc: Celina Reitberger
Subject: Your Contract 2012-2013
Attachments: Contract Carol Kakegabon 2012-2013.doc

Hi Carol:

I have your contract here signed by Mary Jean, now all we need is your signature.

JENNIFER MCKENZIE | Executive Assistant | Tel: 807-622-1413 | Fax: 807-622-3024 | E-mail: jmckenzie@nanlegal.on.ca
NISHNAWBE-ASKI LEGAL SERVICES CORPORATION | 86 S. Cumberland Street, Thunder Bay, Ontario, P7B 2V3 | 1-800-465-5581 | www.nanlegal.on.ca



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This communication is intended for use by the individual(s) to whom it is specifically addressed and should not be read by, or delivered to, any other person. Such communication may contain privileged or confidential information. If you have received this communication in error, please notify the sender and permanently delete the communication. Thank you for your cooperation.

SCHEDULE "A"

TALKING TOGETHER – ^{Program}~~PROGRAM DEVELOPMENT~~ MANAGER

Job Description:

Working under the direction and reporting to the Executive Director, the Talking Together - Program Manager oversees the Talking Together Program and is also responsible for program development on behalf of the Corporation

DUTIES AND RESPONSIBILITIES:

- Supervise the day to day activities of the Talking Together Facilitator's (TTF)
- Provide and submit monthly reports and stats for TTF's
- Provide ongoing training opportunities for the TT's
- Implement a comprehensive evaluation of the TTP
- Manage and supervise the budgetary expenditures;
- Organize and chair monthly conference call of the TTF steering committee
- Organize and chair monthly case supervision and reviews of the TTF's
- Report to the Executive Director and participate on the Management Team
- Report to the board of Directors quarterly and the NAN chiefs in assembly annually
- Such other duties as need to be performed to further the project
- Work with and assist communities in projects geared to Restorative Justice and Talking Together initiatives
- Seek alternative funding sources and develop funding applications to expand these projects
- Seek funding for facilitators for training and 'train the trainer' programs. Training that include Circle Planning and Circle Training.
- Deliver training in the diversion programs

statistics; conducts case supervisions and reviews, and liaises with collateral service providers;

- Program management ; assures personnel management and administration; provides program supervision and quality assurance (program evaluations and reviews); arranges all facilitation training and certification; develops and effectuates all program protocols, and liaises with funding agents;
- Assisting the Executive Director and the Manager in maintaining day-to-day integrity of NALSC programs and services

ACCOUNTABILITY

The Program Manager is accountable on a day to day basis to the ^{E.D.} ~~Division~~ ~~Manager~~ for overall work performance and reporting and to the Board of Directors for program developments and reporting.

COMPETENCIES AND QUALIFICATIONS

Position demands a high level of skill with and experience with training programs, social facilitation, marketing and promotions, problem solving, ability to communicate and demands strict confidentiality. The academic and skills expectations are as follows:

- College or University education in law, business or equivalent experience
- Excellent communication skills, verbal and written
- Working knowledge of program administration and program management
- At least three (3) years senior level managerial experience, managing a full- range of social or related human services through a team approach;
- An understanding of case management, case supervision and reviews with the ability to implement such systems in an organization;
- Excellent oral and written skills
- Decision making skills
- Must be bondable

- Develop enhanced skills training programs for staff
- Work with Elders Council to develop and maintain standards for circle planning and circle training
- Extensive travel to communities to promote and evaluate the funded programs
- Develop forms to be used in the diversion of charges and implementation of conference agreements
- Reporting to the Executive Director as to the status of the program on an ongoing basis
- Supervise the development of promotional material and oversee the distribution of same. Otherwise promote the program through newspaper articles and radio broadcast

Administration and Supervision

- Assist with the review and administration of Funding Agreements
- Obtain and input program budget information and datum
- Review program(s) budgets for financial management purposes
- Verify program financial data reports prepared
- Maintain a suitable filing system for the program(s) and individual expense staff records;
- Provide supervision and support to administrative support staff

Cross Training

Position provides front line supervision to the TTP field staff, and , as such, must understand and be able to undertake the duties of all positions to facilitate training or to cover during staff shortage.

Financial Responsibility and Decision Making:

- Program administration ensuring the timely processing of timesheets, confirming and verifying travel claims and schedules, assuring the completion of all reporting requirements (both program and financial)

SCHEDULE "A"

TALKING TOGETHER – PROGRAM DEVELOPMENT MANAGER

Job Description:

Working under the direction and reporting to the Executive Director, the Talking Together - Program Manager oversees the Talking Together Program and is also responsible for program development on behalf of the Corporation

DUTIES AND RESPONSIBILITIES:

- Supervise the day to day activities of the Talking Together Facilitator's (TTF)
- Provide and submit monthly reports and stats for TTF's
- Provide ongoing training opportunities for the TT's
- Implement a comprehensive evaluation of the TTP
- Manage and supervise the budgetary expenditures;
- Organize and chair monthly conference call of the TTF steering committee
- Organize and chair monthly case supervision and reviews of the TTF's
- Report to the Executive Director and participate on the Management Team
- Report to the board of Directors quarterly and the NAN chiefs in assembly annually
- Such other duties as need to be performed to further the project
- Work with and assist communities in projects geared to Restorative Justice and Talking Together initiatives
- Seek alternative funding sources and develop funding applications to expand these projects
- Seek funding for facilitators for training and 'train the trainer' programs. Training that include Circle Planning and Circle Training.
- Deliver training in the diversion programs

- Develop enhanced skills training programs for staff
- Work with Elders Council to develop and maintain standards for circle planning and circle training
- Extensive travel to communities to promote and evaluate the funded programs
- Develop forms to be used in the diversion of charges and implementation of conference agreements
- Reporting to the Executive Director as to the status of the program on an ongoing basis
- Supervise the development of promotional material and oversee the distribution of same. Otherwise promote the program through newspaper articles and radio broadcast

Administration and Supervision

- Assist with the review and administration of Funding Agreements
- Obtain and input program budget information and datum
- Review program(s) budgets for financial management purposes
- Verify program financial data reports prepared
- Maintain a suitable filing system for the program(s) and individual expense staff records;
- Provide supervision and support to administrative support staff

Cross Training

Position provides front line supervision to the TTP field staff, and , as such, must understand and be able to undertake the duties of all positions to facilitate training or to cover during staff shortage.

Financial Responsibility and Decision Making:

- Program administration ensuring the timely processing of timesheets, confirming and verifying travel claims and schedules, assuring the completion of all reporting requirements (both program and financial)

statistics; conducts case supervisions and reviews, and liaises with collateral service providers;

- Program management ; assures personnel management and administration; provides program supervision and quality assurance (program evaluations and reviews); arranges all facilitation training and certification; develops and effectuates all program protocols, and liaises with funding agents;
- Assisting the Executive Director and the Manager in maintaining day-to-day integrity of NALSC programs and services

ACCOUNTABILITY

The Program Manager is accountable on a day to day basis to the Diversion Manager for overall work performance and reporting and to the Board of Directors for program developments and reporting.

COMPETENCIES AND QUALIFICATIONS

Position demands a high level of skill with and experience with training programs, social facilitation, marketing and promotions, problem solving, ability to communicate and demands strict confidentiality. The academic and skills expectations are as follows:

- College or University education in law, business or equivalent experience
- Excellent communication skills, verbal and written
- Working knowledge of program administration and program management
- At least three (3) years senior level managerial experience, managing a full- range of social or related human services through a team approach;
- An understanding of case management, case supervision and reviews with the ability to implement such systems in an organization;
- Excellent oral and written skills
- Decision making skills
- Must be bondable



TALKING TOGETHER

Employee Performance Review

EMPLOYEE INFORMATION

Name: Carol ~~Katepet~~ Kakegabow Employee ID: _____
 Job Title: Talking Together Manager Date: June 4/2015
 Department: _____ Manager: Celina Reitzberger
 Review Period: Oct 14/14 - June 4/15 (Board required)

RATINGS

1 = Poor 2 = Fair 3 = Satisfactory 4 = Good 5 = Excellent

Job Knowledge

Comments

Work Quality

Comments

Attendance/Punctuality

Comments

Initiative

Comments

Communication/Listening Skills

Comments

Dependability

Comments

Overall Rating (average the rating numbers above)

EVALUATION

ADDITIONAL COMMENTS - incorp. 7 sacred teachings into the manual.
 - complete the evaluation.
 - staff incentive

GOALS (as agreed upon by employee and manager)
 training - management + H.R.
 staff training - self care + time management
 - proposal for full time trainer
 - liaise with Social Director of NAN re CW issues

VERIFICATION OF REVIEW

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Employee Signature: C. Kakegabow Date: June 4/15

Manager Signature: _____ Date: _____

SCANNED

- with CR + MB lobby for a child advocate for NAN.
 - an Elders and grandparents TTP awareness - start with radio show



TALKING TOGETHER

Employee Performance Review

EMPLOYEE INFORMATION

Name	<i>Carol Kadegabon</i>	Employee ID	
Job Title	<i>Talking Together Manager</i>	Date	<i>June 4/15</i>
Department		Manager	<i>Celina Reithberger</i>
Review Period	<i>Oct. 14/14 - June 4/15</i>		<i>(Board required)</i>

RATINGS

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Overall Rating <i>(average the rating numbers above)</i>					

EVALUATION

ADDITIONAL COMMENTS

GOALS
(as agreed upon by employee and manager)

VERIFICATION OF REVIEW

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Employee Signature	Date
Manager Signature	Date

*Marlene sat in since Ross
M. did not arrive*

Proposed Work Plan

TASK	START	END	4 TH QUARTER 2011			1 ST QUARTER 2012		
			OCT	NOV	DEC	JAN	FEB	MAR
Close inactive files	15 Nov. 2011	31 Jan. 2012		◆	◆	◆		
Centralize, standardize and stabilize the files and filing system	15 Nov. 2011	31 Jan. 2012		◆	◆	◆	◆	
Revise Service Protocols	01 Dec. 2011	15 Jan. 2012			◆	◆		
Develop and refine web-based client information system	23 Dec. 2012	31 Mar. 2012			◆	◆	◆	◆
Revise Forms for consistency with web-based client information system	15 Jan. 2012	15 Feb. 2012				◆	◆	
Train TTP Staff in use of web-based client information system	21 Feb. 2012	31 Mar. 2012				◆	◆	◆
Revise Practices and Procedures Manual	01 Feb. 2012	31 Mar. 2012				◆	◆	◆
Develop staff retention strategy including professional development plan with each Program staff	15 Dec. 2011	31 Mar. 2012				◆	◆	◆
Develop an evaluation framework for measuring indicators of desired Program outcomes	01 Feb. 2012	31 Mar. 2012				◆	◆	◆
Revise Terms of Reference for Advisory Committee and convene in-person meeting with committee members	01 Feb. 2012	31 Mar. 2012					◆	◆

Report on the Supportive Review of the Talking Together Program
Final Report 23 January 2012

- 1 - Talking Together Work Plan – Thunder Bay 2011-12

<p>Goal #1 To develop more awareness of the Talking Together Program in all NAN communities.</p>						
	<p>Measures of Success: -Community Visit/Event Report -record and compile data that leads to recommended solutions -work plan</p>	<p>Outcome: The primary objective of the following activities included in the work plan is to promote an alternative to child welfare apprehension and promote ADR (alternative dispute resolution) within the NAN communities.</p>				
<p>Objectives -promote dialogue between NAN First Nations and NAN Legal Talking Together Program -create dialogue between the frontline workers and Nan TTP staff -familiarize TTP staff with the communities and leadership -promote dialogue with the health/wellness & education sector of community</p>	<p>Activities -workshops -presentations -event booths -meetings with F.N. communities, organizations and health sector -Public Relations</p>	<p>Data/Evaluation -monthly meetings/communication -compilation of data recorded from meetings -tracking sheet</p>	<p>Target First Nation Communities -All NAN communities</p>	<p>Timeframe -weekly, monthly and ongoing to August 2011-August 2012</p>	<p>Team Members Responsible Talking Together Manager Talking Together Facilitator</p>	

- 2 - Talking Together Work Plan – Thunder Bay 2011-12

<p>Goal: #2 To develop more awareness of the Talking Together Program with stakeholders including Children's Aid Societies, Child and Family Service agencies, lawyers, community leadership and community members of the NAN territory.</p>		<p>Measures of Success: -Community Visit/Event Report -meetings -data from compiled monthly statistics -work plan</p> <p>Outcome: The primary objective of the following activities included in the work plan is to promote an alternative to child welfare apprehension and promote ADR (alternative dispute resolution) with NAN/Matawa members within the city and remote communities.</p>			
<p>Objectives -promote dialogue between CAS, Child and Family Services, lawyers, community leadership, community members and NAN Legal Talking Together Program -create dialogue between the frontline workers and Nan TTP staff -familiarize TTP with Child and Family Services, lawyers, community leadership and community members</p>	<p>Activities -workshops -presentations -event booths -meetings with key agency staff -in service -public relations</p>	<p>Data/Evaluation -monthly meetings/communication -compilation of data recorded from meetings -compilation of data recorded from survey form</p>	<p>Target First Nation Communities -All NAN communities</p>	<p>Timeframe -weekly, monthly and on going August 2011- August 2012</p>	<p>Team Members Responsible Talking Together Manager Talking Together Facilitator</p>

- 3 - Talking Together Work Plan – Thunder Bay 2011-12

<p>Goal: #3 To access professional development and training in promoting service delivery of the Talking Together Program.</p>	<p>Measures of Success: -Community Visit/Event Report -survey results of the program -work plan</p> <p>Outcome: The primary objective of the following activities included in the work plan is to promote professional development and training in the Talking Together Program as it applies.</p>
<p>Objectives -promote dialogue between Professional Learning Community, Training Community and NAN Legal Talking Together Program -establish a working relationship with PLC and TC familiarize the TTP with training needs of the PLC and TC</p>	<p>Activities -workshops -training -in service meetings with PLE, PLC & TC</p> <p>Data/Evaluation -meetings/communication -compilation of data recorded from meetings -data from survey forms</p> <p>Target -Aboriginal Child and Family Service Agencies -Child And Family Service -lawyers, judges, schools -health/wellness programs</p> <p>Timeframe monthly, quarterly and on going August 2011– August 2012</p> <p>Team Members Responsible Talking Together Manager Talking Together Facilitator</p>

- 4 - Talking Together Work Plan – Thunder Bay 2011-12

<p>Goal: #4 To maintain program reporting, database and filing system within the Talking Together Program.</p>	<p>Measures of Success: -Community Visit/Event Report -file review -work plan -data base</p> <p>Outcome: The primary objective of the following activities included in the work plan is to promote and maintain administrative accuracy and validity of program data and goals.</p>			
<p>Objectives</p> <ul style="list-style-type: none"> -establish a follow up routine with TTP forms & work plan goals -establish a working relationship with TTP supervisor and assistant -familiarize yourself with forms and data entry dates -complete forms within appropriate timeframes -complete reporting and data within appropriate timeframes 	<p>Activities</p> <ul style="list-style-type: none"> -training with all staff -in service with assistant as needed -meetings with all staff 	<p>Data/Evaluation</p> <ul style="list-style-type: none"> -daily by email, skype and telephone meetings -compilation of data -statistical reporting -reporting Log 	<p>Timeframe</p> <p>-daily & on going August 2011 – August 2012</p>	<p>Team Members Responsible</p> <p>Talking Together Facilitator Talking Manager and Assistant</p>

- 5 - Talking Together Work Plan – Thunder Bay 2011-12

<p>Goal: #5 To pursue and maintain Cultural Competency as it pertains to the community.</p>	<p>Measures of Success: -Community Visit/Event Report -survey -work plan</p> <p>Outcome: The primary objective of the following activities included in the work plan is to understand and maintain the values and beliefs within the Talking Together Program.</p>								
<p>Objectives</p> <ul style="list-style-type: none"> -establish a working relationship with elders/clergy and traditional/spiritual advisors -pursue cultural activities as it pertains to the TTP -familiarize yourself with community cultural norms -maintain the Circle process 		<table border="1"> <thead> <tr> <th data-bbox="1089 840 1455 1193">Activities/Out Reach</th> <th data-bbox="1089 1193 1455 1427">Data/Evaluation</th> <th data-bbox="1089 1427 1455 1534">Timeframe</th> <th data-bbox="1089 1534 1455 2038">Team Members Responsible</th> </tr> </thead> <tbody> <tr> <td data-bbox="305 840 1089 1193"> <ul style="list-style-type: none"> -training -traditional ceremonies -meetings -community cultural activities -seasonal Activities -workshops -presentations </td> <td data-bbox="305 1193 1089 1427"> <p>N/A</p> </td> <td data-bbox="305 1427 1089 1534"> <ul style="list-style-type: none"> - on going August 2011 – August 2012 </td> <td data-bbox="305 1534 1089 2038"> <p>Talking Together Facilitator</p> </td> </tr> </tbody> </table>	Activities/Out Reach	Data/Evaluation	Timeframe	Team Members Responsible	<ul style="list-style-type: none"> -training -traditional ceremonies -meetings -community cultural activities -seasonal Activities -workshops -presentations 	<p>N/A</p>	<ul style="list-style-type: none"> - on going August 2011 – August 2012
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**Talking Together Program
Annual Board Report -June 31, 2012
Submitted by Carol Kakegabon**

The Talking Together Program has moved forward in a number of areas. With the data base up and running on its own since April 2012, the program has been able to establish a running record and able to output more of an accurate number in regard to program statistics. There is still some minor tweaking we are working on but it is anticipated that this will be resolved. The client information system has created a number of efficiencies in the program that allows the facilitators to do a report accurately with reliable data and allows the facilitators to fast track referrals instantly and conducts Circles expeditiously. Currently, we are in process of gaging number of Circles facilitators can handle per month in each area. We continue to implement strategies to improve program effectiveness now that identified concerns have been addressed through the Program Review. This is also a work in progress and is anticipated that the program will experience continued success over time. This includes the development of a program manual that includes introduction, staff, policy & procedures, forms, training components, Child and Family Service Act, Advisory Report on the Status of Aboriginal Welfare in Ontario and Advisory Committee.

The status of our facilitators remains the same, Roberta Wesley-Timmins and surrounding area, Doug Magiskan-Thunder Bay & Central Region, Betty Kamalatisit-James Bay Coast and Ronnie Beaver-Sioux Lookout & Northwest Region. Training with NALSC staff took place on May 8-10 in Thunder Bay with a show case of Nishnawbe Aski Legal Services presented through booths, Circles, video and a dinner with guests from the legal sector, ministry and local organizations. This was a good opportunity to share, network and develop relationships with the invited guests.

As for training we in process of establishing a date with Maggie Hall from the Ontario Association for Family Mediation in the next few months.

Currently the advisory committee is complemented with full representation from Dilico CFS, Payukotayno FS, Tikinagan CFS, Kunuwanimano CFS, NEOFACS (Timmins) and elders from

central, east and west. The Thunder Bay CAS –Geraldton district are interested in seeking our services and would like a workshop/presentation to their staff.

Overall, the Talking Together Program has been very busy in the last 11 months and has moved forward in most areas in a short period of time. This includes obtaining projected timetables from each facilitator which will contribute in forecasting service data projections for the fiscal year 2012-13. Due to the growth, stability and outreach it is anticipated that our projections for the Talking Together Program should increase in the next fiscal year. This is also due to our involvement with outreach in the communities and working with a number of agencies that include: Tikinagan CFS, Dilico CFS, NEOFACS, Kenora-Rainy River CFS, Payukotayno CFS and Kunuwanimano CFS and future possibilities.

The service volume from each area, Thunder Bay, Sioux Lookout, Moose Factory and Timmins may fluctuate due to a high or low volume in each area. However, this is being addressed through new protocols, outreach and presentations with stakeholders.

Protocol Update

Meetings currently taking place with agencies in updating protocols:

We are currently waiting for signed copies from:

Kunuwanimano CFS Tikinagan CFS (two year anniversary-July 2012)

Protocols in progress:

Abinooji –Updated CFS (first 3 weeks in July)

North Eastern FACS Timmins CFS /Jeanne Sauve CFS/Kapaskasing CFS/New Liskeard

CFSTikinagan Child and Family Services

Kenora Rainy River CFS Dilico Anishinabek Family Care CFS

Protocols Signed:

Payukotayno James & Hudson Bay Family Services-Updated

Timmins CFS

Community Presentations

The Talking Together Program has been presented in a number of communities in the past year and planning continues with the facilitators on a regular basis. One of planning strategies in progress as mentioned earlier is a Projected Timetable for the next fiscal year 2012-13. Each facilitator has submitted a month by month year calendar of the communities that they'll be visiting. Our next step is to map out the community visits that are targeted for the Talking Together Program. This will assist us in mapping out what areas will be covered and what communities need to be addressed in the NAN territory.

- Geraldton Victim Witness Services New Brunswick House FN (x2)
 - Payukotayno (Moosenee) Mishkeegogamang FN
 - New Post First Nation Dilico Treatment Centre (x3)
 - 1st Canadian Conference for Family Group Conferencing Toronto
 - Attawapiskat First Nation (x2) Thunder Bay Indian Friendship Center –Thunder Bay
 - Fort Albany First Nation (x4) Sioux Lookout Hockey Tournament
 - Kashechewan First Nation (x2) Dilico Anishinabek Family Care-Module 5
 - Fort Hope First Nation Moosenee Native Friendship Centre
 - Wawatay Radio Moose Factory DDECS
 - Fort Hope FN Pikangikum FN
 - Aroland FN Thunder Bay Indian Friendship Center –Thunder Bay
 - Mishkeegogamang FN Thunder Bird Indian Friendship Centre-Geraldton
 - Moosenee (x2) Thunder Bay Northern Ontario Women's Centre
 - Dilico CFS Consult x2 Thunder Bay NALSC Training
 - Red Lake -Tikinagan/Kenora Rainy River CFS
- Court Visits: Thunder Bay Family Court- Wed mornings
 Timmins Family Court-Monday mornings

TALKING TOGETHER PROGRAM STATISTICS – APRIL 2011 TO MARCH 2012

COMMUNITY	TOTAL # OF REFERRALS				TOTAL # OF CIRCLES				# OF CIRCLE AGREEMENTS				# OF COURT ORDERED CIRCLES			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Timmins	36	7	5	14	27	14	18	17	15	1	10	17	0	0	20	3
James Bay	11	11	7	3	1	16	22	2	1	16	13	1	1	2	2	1
Thunder Bay	4	11	3	5	13	14	22	12	8	15	19	0	0	0	4	1
Sioux Lookout	14	0	0	9	14	0	2	4	7	0	1	0	0	0	1	2
TOTALS	65	29	15	31	55	44	64	35	31	32	43	18	1	2	27	7

COMMUNITY	# OF CIRCLE PARTICIPANTS				# OF FAMILIES SERVED				# OF CHILDREN SERVED			
	1	2	3	4	1	2	3	4	1	2	3	4
Timmins	156	98	85	114	30	14	18	17	62	15	26	96
James Bay	6	140	117	11	11	16	22	10	3	45	65	61
Thunder Bay	93	30	117	60	13	18	16	22	31	29	35	59
Sioux Lookout	45	0	14	28	14	0	2	10	15	0	6	26
TOTALS	300	268	333	213	68	48	58	59	111	89	132	242

COMMUNITY	WORKSHOPS & OUTREACH				ACTIVE FILES @ END OF QUARTER				CLOSED FILES			
	1	2	3	4	1	2	3	4	1	2	3	4
Timmins	0	2	8	3	30	37	23	17	1	0	14	20
James Bay	0	4	7		11	22	21	10	0	0	5	11
Thunder Bay	9	2	2	1	20	27	31	22	0	1	0	2
Sioux Lookout	4	0	1		14	14	11	10	0	0	0	0
TOTALS	13	8	18		75	100	86	59	1	1	19	33

Talking Together Program-Aboriginal ADR

Supportive Program Review – Recommendations 2012-13

1. Develop and implement a web-based client/case management information system .

A web-based data system has been implemented in the Talking Together Program and went live on 01 April 2012.

2. Update and revise the Talking Together Program Policies and Procedures Manual.

Currently, we have a draft manual that is updated and includes current information and the online data base manual. This includes standardization of all forms and a system that allows a flow from the referral process to case management to file closure criteria.

3. Rationalize all forms that generate service provision and that are used for all case management activities throughout the life of the case. The forms need to contain data fields that are consistent with the electronic client/case management system, and that generate data that can be used for evaluation purposes.

Forms are updated to compliment the client/case management system and provide data which will inform program outcome indicators.

4. Develop an evaluation component for the Program that includes two parts: a comparison of desired outcomes identified at the point of referral with agreements reached at the conclusion of each circle process; and, follow-up with key circle participants at 3, 6 and 12 month intervals following case closure.

Currently, we have measured outcomes at point of referral with agreements reached and conclusion of circle process. This includes a system of follow up circles at 3, 6 and 12 month intervals with case closure. This is also included in the policy and procedure manual. Since April we have been able to monitor and measure desired outcomes with the new data base system and we are in the process of examining how to maximize use of the data base for evaluation purposes.

5. Develop a strategy for staff retention that includes a professional development plan for each Talking Together Facilitator. A path towards completion of the Ontario Child Protection Mediation Certification program and registration with the Ontario Child Protection Mediation Roster should be included in the plan.

We are currently in progress of setting a date for all facilitators to participate in the Family Mediation Training/Child Protection Mediation Certification with the Ontario Association for Family Mediation.

6. Hire an additional Facilitator for the Moosenee-James Bay Region who is based in Moosenee.

Currently, we are not in the financial position to hire an additional facilitator for the Moosenee-James Bay Region.

7. Convene an in-person meeting of the Advisory Committee on an annual basis to update the Terms of Reference for the committee and to ensure committee members understand their role in championing the program in their respective communities.

Currently, the Advisory Committee meets via tele-conference every second month. Planning to augment tele-conferences with an annual in-person meeting are currently under way. Within this fiscal year we will be bringing the Advisory Committee together to update the committee's Terms of Reference and to engage in a strategic planning session.

8. Annualized Funding for the program.

Currently, we are still funded year to year. We are continuing to lobby for annualized funding that will ensure program stability and security. We have managed to stabilize program staffing (a full staff compliment since September 2011). We recognize that with the loss of any staff member comes the concurrent threat that our stakeholders will look to other ADR services for more secure and reliable services.

If you have any questions in regard to the above please call me at your earliest convenience.

Regards,

Carol Kakegabon
Talking Together Manager

Purpose of the Review:

The purpose of the review is as follows:

1. To identify program strengths and areas for improvement, and
2. To implement strategies to improve program effectiveness and overcome the identified concerns.

Objectives:

1. To improve/enhance the content of service protocols with Children's Aid Societies, so that respective roles and responsibilities are clearly defined;
2. To improve/enhance the process for making and accepting program referrals (including a clear communication strategy and referral process with the Children's Aid Societies);
3. To assess and recommend improvements to the process for determining referral/case priority, including the process and timing for assigning cases to staff;
4. To assess and recommend improvements to the current practices for identifying and conducting follow up on open cases;
5. To assess and recommend improvements to the current practices for identifying and acting upon cases that are identified for closure;
6. To improve the Program's recording and reporting of budget and quarterly service and financial data, so that the program has quality data upon which to make program decisions, and the ministry has information that is clear, concise and informative.

Review Resources:

- An External Consultant with suitable skills and experience will be recruited to identify areas for improvement, develop an implementation work plan, assist in implementing program improvements and provide follow-up support.

Review Process:

1. The Ministry Regional Office and NALSC will collaborate on the identification and recruitment of a suitable External Consultant to complete this project. (Recommend that MCYS and Executive Director set parameters, interview questions, assessment scale, etc. in advance).
2. The External Consultant will develop a Project Methodology that will include, at a minimum:
 - A review of all policies, procedures and practices of the Talking Together Program;
 - Interviews with all current Talking Together Program staff and management, clients (if applicable), stakeholders (including Tikinagan and Payukotayno representatives), the

Elders Council, and Ministry Regional Office staff; Interview questions will be prepared in advance and shared with lead Program Supervisor (MCYS) and Executive Director;

- Review program files (all open files and a selection of closed files);
 - A projected timeline for completing the Review;
3. The External Consultant will prepare a final report that will recommend a work plan with strategies that the program can implement to address the identified issues.

Timeframe:

- External Consultant Recruitment process will commence immediately, with the goal of having the consultant in place by September 1, 2011;
- Once recruited, the External Consultant will complete the on-site portion of the review (documentation review and interviews) by October 31, 2011;
- External Consultant will provide weekly updates to the lead Program Supervisor (MCYS) and Executive Director (Steering Committee);
- A draft report and work plan will be shared with the lead Program Supervisor (MCYS) and Executive Director by November 15, 2011. The lead Program Supervisor (MCYS) and Executive Director will review the draft work plan and notify the External Consultant of proposed revisions by November 30, 2011;
- A final work plan, including recommendations and strategies, will be provided by the External Consultant by December 15, 2011.
- The Consultant will work with the Talking Together Program to support the implementation of approved work plan.