

Apprentice Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																	
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Wage / hour \$	Hours per week																

TRAINING PLAN

Use this as a format or as a guideline, please add any other information that you may find relevant to your training plan.

Learning Objectives:

What skills, abilities and knowledge will the apprentice acquire and be able to demonstrate at the end of the training period?

Training Methodology: (OR ATTACH A SEPARATE TRAINING PLAN)

Describe what tasks and how the trainee will be learning in the time period that you have chosen (i.e. week, month, quarter). Divide the training into as many periods that will be practical. Add additional pages as necessary.

TRAINING PERIOD	TOPICS	TRAINING METHODS	EVALUATION METHODS

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

Return to: Your regional Career Development Offices

North Baffin: 1-800-567-1514
 Career Development
 Box 204, Pangnirtung, NU X0A 0R0
 northbaffincdo@gov.nu.ca

South Baffin: 1-855-975-6580
 Career Development
 Box 1000 Stn 1280, Iqaluit, NU X0A 0H0
 southbaffincdo@gov.nu.ca

Kivalliq: 1-800-953-8516
 Career Development
 Box 877, Rankin Inlet, NU X0C 0G0
 kivalliqcdo@gov.nu.ca

Kitikmeot: 1-800-661-0845
 Career Development
 Box 20, Cambridge Bay, NU X0B 0C0
 kitikmeotcdo@gov.nu.ca

Other Funding Sources:

Please list any agencies that you are receiving funding for this training plan

Comments:

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

Signature of Employer Representative

Date (YYYY-MM-DD)

Name of Employer Representative (please print)

Signature of STP/DST

Name of STP/DST (please print)

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PREVIOUS EDUCATION AND TRAINING – TRADES AND APPRENTICESHIP SPECIFIC

Are you a registered apprentice?

Yes No

If "Yes", in what trade? _____

At what level? 1 2 3 4 Journeyperson

In what province / territory ? Nunavut NWT Other Province/Territory: _____

Red Seal No. (if applicable): _____

Trades Certificate(s), College Certificates/ Diplomas and/ or University Degree(s):

What other job related skills do you have?

EDUCATION HISTORY

Highest level of education completed?

Place of Education

Name of Institution

End Date:

_____ (MM-DD-YYYY)

List any training or educational programs you have completed.

	PROGRAM	INSTITUTION	LOCATION	START DATE MM - YYYY	GRADUATION DATE MM - YYYY
1					
2					
3					

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CLIENT DECLARATION AND CONSENT TO RELEASE PERSONAL INFORMATION

I, _____, _____, hereby declare that:
PLEASE PRINT YOUR FULL NAME SOCIAL INSURANCE NUMBER

1. The information contained in my application for assistance is complete, accurate and true, to the best of my knowledge.
2. I understand that false or misleading statements may result in legal action, criminal investigation, prosecution and my ineligibility to participate, including the termination of my benefits and repayment of any benefits I have already received.
3. I shall immediately notify the Department of Family Services should the circumstances of my eligibility or participation change.
4. I agree that if I have provided an email address, this will be the primary means of communication with me regarding my program.
5. I agree to refund any financial assistance to which I am not entitled.
6. I authorize and consent to the Government of Nunavut releasing, sharing or verifying of information about me and/or my spouse and/or my dependents to any agency, organization or other government department for the following purposes:
 - a) Determining my initial and ongoing need, eligibility, or entitlement for programs or services, including financial assistance;
 - b) Determining my status in participating, attending or making progress in programs and services; or
 - c) Determining the results or outcomes from my participation or enrolment.

Dated this _____ Day of _____ 20 _____

Apprentice Signature

Witness Signature

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