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Building *Nunavut* Together
Nunavut iuqatigiingniq
Bâtir le *Nunavut* ensemble

Canada

Grant for Nunavut Employers (GNE) APPLICATION PACKAGE FOR EMPLOYERS

OVERVIEW

PART 1 - EMPLOYER

(To be filled out by employer)

PART 2 - TRAINEE

(To be filled out by individual trainees and returned to employer. * Make application copies as needed if there are multiple trainees.)

**If you have any questions, please contact
the Career Development Program Specialist,
careerdev@gov.nu.ca**

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



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Grant for Nunavut Employers (GNE) OVERVIEW

The Grant for Nunavut Employers (GNE) program provides eligible employers with a grant of up to 2/3 of the training costs to a maximum of \$10,000 per trainee to support training that will increase their employment prospects. The program is designed to assist Nunavummiut in obtaining and retaining better jobs.

Please Note: The intent of this grant is not to subsidize regular operational training. Rather, the intent is to support training or professional development that would not have otherwise occurred without the grant opportunity.

Training may be done online or delivered in a classroom or workshop setting.

PROGRAM OBJECTIVES

To support the training of Nunavummiut for new and available jobs and to encourage greater employer involvement in training so that skill development is better aligned to job opportunities.

Training for advanced or promotion opportunities that may provide the trainee with an increased salary.

*Note: Funding for GNE is determined on eligibility criteria and budget availability. If you are applying for multiple trainees, not all may be approved.

ELIGIBLE EMPLOYERS

The GNE is designed for small employers (50 or fewer employees) and designated Crown Corporations and Inuit Organizations that wish to target training initiatives for trainees from small remote communities.

Employers are eligible for the GNE if they meet the following criteria. **They must:**

- Be registered in and local to Nunavut;
- Have a position available for the designated trainee to advance to after training;
- Contribute 1/3 of total eligible training cost.

Organizations acting on behalf of employers with fifty (50) or fewer employees may apply for the grant.

TRAINING DELIVERY

Training may be delivered in a variety of settings provided it is delivered by an institution recognized by the GNE program, including universities, community colleges, career colleges, trade union training centers and other approved accredited institutions.

ELIGIBLE TRAINING EXPENSES

Training expenses can include tuition fees or fees charged by the training provider, mandatory student fees, textbooks, software and other required materials, and examination fees. Travel expenses are not eligible. Reimbursement upon successful completion of training.

ELIGIBLE TRAINEES

Trainees must be employed with the eligible employer for GNE and require further training to increase their job advancement opportunities. Expected employment outcomes for trainees could be a new position, a promotion and/ or increased pay within the organization. Potential new employees may be eligible for the GNE.

For more information on the Grant for Nunavut Employers (GNE) program or to access an application package, please contact the Career Development Program Specialist, CareerDev@gov.nu.ca or visit gov.nu.ca.

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Grant for Nunavut Employers (GNE) PART 1 - EMPLOYER APPLICATION

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

EMPLOYER INFORMATION

Business's Legal Name	CRA Business Number	P.O. Box Number
Community	Territory/Province	Postal Code
Business Telephone ()	Business Cell ()	Email Address
Contact Person: Last Name	First Name	Position/Title
Business Type		
Have you accessed this program before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what year? _____ (MM-DD-YYYY)		
Organization Sector <input type="checkbox"/> Agriculture, forestry, fishing and hunting <input type="checkbox"/> Real estate and rental and leasing <input type="checkbox"/> Retail trade <input type="checkbox"/> Mining, quarrying, and oil and gas extraction <input type="checkbox"/> Professional, scientific and technical services <input type="checkbox"/> Finance and insurance <input type="checkbox"/> Utilities <input type="checkbox"/> Management of companies and enterprises <input type="checkbox"/> Arts, entertainment and recreation <input type="checkbox"/> Construction <input type="checkbox"/> Waste management and remediation services <input type="checkbox"/> Accommodation and food services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Educational services <input type="checkbox"/> Public administration <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Health care and social assistance <input type="checkbox"/> Other services <input type="checkbox"/> Transportation and warehousing <input type="checkbox"/> Information and cultural industries		
If you are unsure about your sector, see www.naics.com		

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TRAINING INFORMATION

*ATTACH ADDITIONAL INFORMATION AS NECESSARY.

Name of Institution		Institution Contact ()	
Type of Training - Course Name/Title		Training Location <input type="checkbox"/> Workplace <input type="checkbox"/> Online <input type="checkbox"/> Classroom <input type="checkbox"/> Combination <input type="checkbox"/> Other (specify): _____	
Certification to be received upon completion		Training Start Date: _____ (MM-DD-YYYY)	Training End Date: _____ (MM-DD-YYYY)
Training Provider/Institution <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Trade/technical institute <input type="checkbox"/> Union hall <input type="checkbox"/> Private trainer <input type="checkbox"/> Other: _____			
Expected employment result <input type="checkbox"/> Promotion <input type="checkbox"/> New position <input type="checkbox"/> Increased capability for current job <input type="checkbox"/> Increased pay for current job			

COST PER TRAINEE

*ATTACH ADDITIONAL SHEET AS NECESSARY.

TRAINEE	TRAINEE NAMES	ESTIMATED TOTAL TRAINING COST PER TRAINEE
1		
2		
3		
ESTIMATED TOTAL TRAINING COSTS		

I understand that the Government of Nunavut will reimburse 2/3 of total eligible costs per trainee up to a maximum of \$10,000 and _____ is responsible for 1/3 of the training costs. Note: The GN will not reimburse funding for trainees who do not complete their training.

Organization Name

_____ authorizes and consents to the Government of Nunavut, Department of Family Services to release, share, or verify information about my organization with Employment and Social Development Canada.

Applicant (Employer name)

Employer Signature

Application Date

OFFICE USE ONLY			
Date Received		Initials	

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Grant for Nunavut Employers (GNE) PART 2 - TRAINEE APPLICATION

PERSONAL INFORMATION

Last Name	First Name	Middle Name(s)	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Social Insurance Number	Date of Birth (MM-DD-YYYY)	Nunavut Health Card Number	
Family Type:	<input type="checkbox"/> Children in Household	<input type="checkbox"/> No Children in Household	Number of Dependents: _____
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common Law
Language(s) spoken:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> Other: _____
Language(s) written:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> Other: _____
Indigenous Identity:	<input type="checkbox"/> Inuit	<input type="checkbox"/> First Nation	<input type="checkbox"/> Métis <input type="checkbox"/> NTI Card Number: _____
Citizenship:	<input type="checkbox"/> Canadian	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other (Explain): _____
Visible Minority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to report
Immigrant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Immigration year: _____
Do you identify as having a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to report (Examples include but not limited to: hearing, vision, or mobility impairment, learning disability, mental health difficulties, trauma history, motor skills or coordination difficulties, attention difficulties, problems with memory, sensory processing difficulties, chronic pain, other)			

CONTACT INFORMATION

P.O. Box Number	Community	Territory/Province
Postal Code	Email	Telephone (Home) ()
Telephone (Cell) ()	Telephone (Work) ()	Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Telephone

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

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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					

EMPLOYMENT INFORMATION

Do you normally work 30 hours or more per week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a permanent employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your hourly wage?	\$	

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 _____

_____ Client Signature

_____ Witness Signature

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