



ᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅ
Building *Nunavut* Together
Nunavut liuqatigiingniq
Bâtir le *Nunavut* ensemble

Canada 

Adult Learning and Training Supports (ALTS) **APPLICATION PACKAGE**

If you have any questions, please
contact your region's career
development office.

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



Adult Learning and Training Supports Application
 Career Development
 Family Services

PERSONAL INFORMATION

Last Name	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified <input type="checkbox"/> Prefer not to report
Social Insurance Number	Date of Birth (YYYY-MM-DD)	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"/> Married or Equivalent <input type="checkbox"/> Single <input type="checkbox"/> Prefer not to report		
Language(s) <u>spoken</u> : <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> Other: _____		
Language(s) <u>written</u> : <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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to report 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 <input type="checkbox"/> Prefer not to report 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)		
Type of Disability <input type="checkbox"/> Agility <input type="checkbox"/> Hearing <input type="checkbox"/> Mental Health <input type="checkbox"/> Visual <input type="checkbox"/> Intellectual <input type="checkbox"/> Developmental <input type="checkbox"/> Learning <input type="checkbox"/> Motor Skills <input type="checkbox"/> Speaking <input type="checkbox"/> Other (persistent barriers) _____		

CONTACT INFORMATION

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



EDUCATION HISTORY

Highest level of education completed?		Place of Education			
Name of Institution		End Date: _____ (YYYY-MM-DD)			
List any training or educational programs you have completed.					
	PROGRAM	INSTITUTION	LOCATION	START DATE YYYY-MM	GRADUATION DATE YYYY-MM
1					
2					
3					

EMPLOYMENT HISTORY

Current Employment Status <input type="checkbox"/> Employed (Full-time/Permanent) <input type="checkbox"/> Employed (Full-time/Temp/Casual) <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed (Part-time/Temp/Casual) <input type="checkbox"/> Employed (Part-time/Permanent) <input type="checkbox"/> In training/Education <input type="checkbox"/> Self-Employed					
Current Employer (Business/Organization):			Employer Telephone Number:		
Employer Address:					
Recent Employment History: <i>Please list most recent employment first.</i>					
COMPANY NAME	JOB TITLE	DUTIES	FULL-TIME/ PART-TIME	REASON FOR LEAVING	PERIOD OF EMPLOYMENT
			<input type="checkbox"/> FT Perm <input type="checkbox"/> FT Temp <input type="checkbox"/> PT Perm <input type="checkbox"/> PT Temp		_____ From (YYYY-MM) _____ To (YYYY-MM)
			<input type="checkbox"/> FT Perm <input type="checkbox"/> FT Temp <input type="checkbox"/> PT Perm <input type="checkbox"/> PT Temp		_____ From (YYYY-MM) _____ To (YYYY-MM)



DRIVER'S LICENSE

Do you have a valid driver's license? Yes No

What type (class) of license is it?

Class 1: Tractor Trailer Rigs Class 5: Medium and small motor vehicles up to 11,000 kg
 Class 2: Buses exceeding 24 passengers Class 6: Motorcycle
 Class 3: Single bodied motor vehicles exceeding 11,000 kg Class 7: Learner's permit
 Class 4: Medium and small taxicab/ ambulance

Do you have your airbrakes endorsement? Yes No

TRAINING OR PROGRAM INFORMATION

Program Name	Program Start Date: _____ (YYYY-MM-DD)	Program End Date: _____ (YYYY-MM-DD)
Institution Name	Program Location	
Program Type <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Distance Education (Online)		

SPONSORSHIP SUPPORT REQUEST

Check the support categories that you will require while you attend your education or training program.

- Tuition & Other Fees Allowance
- Books and Materials (Maximum Allowable Expense: \$1000/intervention)
- Special Equipment (Maximum Allowable Expense: \$1000/intervention)
- Tutoring Allowance (Maximum Allowable Expense: \$1000/intervention)
- Disability Support - Supporting Employment and Training (SET) ALTS
- Childcare Subsidy
- Training Allowance (Single Client)
- Training Allowance Top-Up (For Clients with Dependents)
- Living Away from Home Allowance (Primary Residence)
- Living Away from Home Allowance (Student Residence)
- Travel Benefits (Single Client)
- Travel Benefits (Family) - Trades Education Programs Only



REQUEST FOR CHILDCARE ASSISTANCE

I IMPORTANT

Please indicate the correct legal spelling of your first and last name as written on your Government Issued ID or attach a copy of a birth certificate to your application.

CLIENT INFORMATION

Last Name	First Name
Middle Name	Date of Birth (YYYY-MM-DD)

SPOUSE INFORMATION

Last Name	First Name
Middle Name	Date of Birth (YYYY-MM-DD)

MINOR DEPENDENT CHILDREN

	FIRST NAME	LAST NAME	DATE OF BIRTH YYYY-MM-DD	AGE
1				
2				
3				
4				
5				
6				
7				
8				



REQUEST FOR FAMILY TRAVEL BENEFITS

I IMPORTANT

Family travel benefits are only available to clients attending trades education programs.

Please indicate the correct legal spelling of each family members first and last name as written on their Government Issued ID(s).

CLIENT INFORMATION

Last Name	First Name
Middle Name	Date of Birth (YYYY-MM-DD)

SPOUSE INFORMATION

Last Name	First Name
Middle Name	Date of Birth (YYYY-MM-DD)

MINOR DEPENDENT CHILDREN (Dependant children must be financially dependant on you and under the age of 18.)

	FIRST NAME	LAST NAME	DATE OF BIRTH YYYY-MM-DD	AGE
1				
2				
3				
4				