

C - EMPLOYMENT HISTORY

Current Employment Status <input type="checkbox"/> Employed (Full-time/Permanent) <input type="checkbox"/> Employed (Seasonal/Part-time) <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed	Current Employer:
	Employer Address:
	Employer Phone Number: ()

Recent Employment History: *Please list most recent employment first*

	COMPANY NAME	JOB TITLE	DUTIES	FULL-TIME/ PART-TIME	REASON FOR LEAVING	PERIOD OF EMPLOYMENT
1				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		From (YY - MM) To (YY - MM)
2				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		From (YY - MM) To (YY - MM)
3				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		From (YY - MM) To (YY - MM)
4				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		From (YY - MM) To (YY - MM)
5				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		From (YY - MM) To (YY - MM)

D - ELIGIBILITY AND FUNDING DETERMINATION

Are you currently claiming Employment Insurance (EI) Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for EI within the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received EI for maternity or parental leave in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving Income Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving funding from any other sources? (This could include Kakivak, KPID, KIA, etc). <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently owe money to the Government of Nunavut? <input type="checkbox"/> Yes <input type="checkbox"/> No

Your name: _____

E - TRAINING OR PROGRAM INFORMATION

Program Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Program Start Date (YY - MM - DD)						Program End Date (YY - MM - DD)				
Institution Name:	Program Location:										

F - SPONSORSHIP SUPPORT REQUEST

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

- Travel Assistance to Training Location**
**Return airfare for client only*
- Weekly Training Allowance**
**Financial Support for living expenses while attending training*
- Books**
**Assistance to purchase educational materials – receipts required*
- Special Equipment**
**Assistance to purchase training equipment – receipts required*
- Tutoring**
**Assistance to hire a tutor – receipts required*
- Living Away from Home Allowance**
**Assistance for eligible homeowners/renters while paying for an additional residence during training – mortgage or rental agreement required*
- Disability Assistance**
**Assistance to support disabled individuals complete training*
- Childcare**
**Childcare assistance for trainees. – Receipts required*

CLIENT DECLARATION AND CONSENT TO RELEASE INFORMATION

I, _____, _____ hereby declare that:
PRINT NAME SIN

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 statement may result in legal action, criminal investigation, prosecution and in my eligibility to participate, the termination of my benefits and my repayment of benefits that 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; and
6. I authorize and consent to the Nunavut Department of Family Services' release, sharing or verification 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 _____

Student's signature

Witness Signature

Return to: Your regional Career Development Officers

Qikiqtaaluk: 1-800-567-1514
Career Development
Box 204, Pangnirtung, NU X0A 0R0

Kivalliq: 1-800-953-8516
Career Development
Box 877, Rankin Inlet, NU X0C 0G0

Kitikmeot: 1-800-661-0845
Career Development
Box 20, Cambridge Bay, NU X0B 0C0

