



# Adult Learning and Training Supports Overview (ALTS) APPLICATION PACKAGE

**PART 1.**

Client completes client information.

**PART 2.  
(Optional)**

Client completes  
“Request for Childcare Assistance Form

Client completes  
“Request for Disability Assistance Form

**If you have any questions, please contact  
your regions career development office.**

**NOTE:** Applicants must submit their ALTS form thirty (30) days prior to the start date of the course.

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**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  
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Box 877, Rankin Inlet, NU X0C 0G0  
kivalliqcdo@gov.nu.ca

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



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 Building Nunavut Together  
 Nunavut iuqatigiingniq  
 Bâtir le Nunavut ensemble



## ADULT LEARNING AND TRAINING SUPPORTS (ALTS) OVERVIEW **APPLICATION PACKAGE**

### ALTS PROGRAM INFORMATION

Eligible Clients may access a variety of services, including financial and career counselling, that will ultimately reduce their barriers to employment.

**Please Note:** Students must apply thirty (30) days prior to the course start date!

- Clients are encouraged to make contributions and commitments to their training/employment plan;
- All adult residents are eligible to receive assistance from CDOs;
- CDOs use a Client-centered approach
- Clients are approved for sponsorship based on funding eligibility requirements and their personal case history as well as an assessment completed by the CDO;
- Only those Clients who meet the program criteria and are deemed eligible will receive funding;
- Funding for full-time attendance in education and training programs is supported at different levels;
- Client sponsorship is an agreement between the Client and the Department of Family Services and both parties have responsibilities related to this agreement;
- Client supports are both an opportunity and a privilege;
- Funding available for sponsorship is limited; and
- Program priorities may shift from year-to-year based on changes in the labour market and on annual priorities established by the Department.

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# Adult Learning and Training Supports (ALTS) Disability Training Supports **OVERVIEW**

## **PROGRAM OBJECTIVES**

That persons with disabilities or those who face persistent barriers to training have equal opportunities available to them.

## **ELIGIBILITY**

Clients ages 16 years or older, employed or underemployed entered into a training program. ALTS eligible.

## **TRAINER QUALIFICATIONS**

Training programs must be ALTS eligible.  
All programs under 1 year in duration.  
Nunavut Arctic College.

## **ELIGIBLE EXPENSES**

Eligible expenses are costs associated with accommodations required by the client, that meet the overall goal of finding and maintaining training. Some examples of provided training supports include:

### **Training Supports:**

- Helping prepare for training
- Help finding training
- Help complete training
- Job coaching
- Software and Mobility Devices
- Transportation Assistance
- Assistive Devices
- Tools and equipment, you need for your training
- Special clothing

## **HOW TO APPLY**

**Please contact your regions career development office for more information on the ALTS Disability Support Program.**

**[careerdev@gov.nu.ca](mailto:careerdev@gov.nu.ca)**

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# ADULT LEARNING AND TRAINING SUPPORTS (ALTS) 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 <small>(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)</small>			
<b>Type of Disability</b>			
<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) ( )	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.

## 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 HISTORY

Current Employment Status

Employed (Full-time/Permanent)   
  Employed (Full-time/Temp/Casual)   
  Unemployed  
 Employed (Part-time/Temp/Casual)   
  Employed (Part-time/Permanent)   
  In training/Education  
 Self-Employed

Current Employer (Business/Organization): \_\_\_\_\_ Employer Telephone Number: \_\_\_\_\_  
(    )

Employer Address: \_\_\_\_\_

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

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 (MM - YYYY) _____ To (MM - YYYY) _____
			<input type="checkbox"/> FT Perm <input type="checkbox"/> FT Temp <input type="checkbox"/> PT Perm <input type="checkbox"/> PT Temp		From (MM - YYYY) _____ To (MM - YYYY) _____
			<input type="checkbox"/> FT Perm <input type="checkbox"/> FT Temp <input type="checkbox"/> PT Perm <input type="checkbox"/> PT Temp		From (MM - YYYY) _____ To (MM - YYYY) _____

Are you willing to move for employment?  Yes  No  
Reasons: \_\_\_\_\_

Are you willing to move for training?  Yes  No  
Reasons: \_\_\_\_\_

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

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## DRIVER'S LICENSE

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

What type (class) of license is it?

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

Do you have your airbrakes endorsement?  Yes  No

## TRAINING OR PROGRAM INFORMATION

Program Name	Program Start Date: _____ (MM-DD-YYYY)	Program End Date: _____ (MM-DD-YYYY)
Institution Name	Program Location	

## SPONSORSHIP SUPPORT REQUEST

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

- Living Away from Home Allowance (Maximum allowable amount: \$700.00/month)**  
*\*Assistance for eligible homeowners/leasing etc, while paying for an additional residence during training. Mortgage or rental agreement required.*
- Disability Assistance**  
*\*Assistance to purchase assistive devices/equipment or accommodations to support disabled individuals in completing their training.*
- Books (Maximum allowable amount: \$500.00/intervention)**  
*\*Assistance to purchase educational materials. Receipts required for reimbursement.*
- Special Equipment (Maximum allowable amount: \$500.00/intervention)**  
*\*Assistance to purchase training equipment. Receipts required for reimbursement.*
- Childcare (Maximum allowable amount: \$700.00/month)**  
*\*Childcare assistance for trainees. Receipts required for reimbursement.*
- Weekly Training Allowance**  
*\*Financial Support for living expenses while attending training.*
- Tutoring**  
*\*Assistance for tutoring costs. Receipts required for reimbursement.*
- Travel Assistance to Training Location**  
*\*Return airfare for client only.*
- Tuition**

## ELIGIBILITY AND FUNDING DETERMINATION

Are you currently claiming Employment Insurance (EI) Benefits?  Yes  No

**NOTE:** If you checked "Yes", please identify benefit type and start date:

Regular  Parental  Sick  Special

Start Date: \_\_\_\_\_ (MM-YYYY)

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

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

Are you receiving Income Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require any accommodations in the work place or training environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Examples may include but are not limited to: Assistive devices e.g., (mobility aids, communication software or devices, enlarged print materials, visual aids, other), adaptive furniture, visual training materials, tutoring, extra training time, accommodated test taking, other.	

**BANKING INFORMATION**

Name of Bank \_\_\_\_\_

Please provide a voided cheque along with training information to receive direct deposit.

**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



# Adult Learning and Training Supports (ALTS) REQUEST FOR CHILDCARE ASSISTANCE

## IMPORTANT

Your family cannot be paid as your childcare provider if living in the same household.

### PERSONAL INFORMATION

Last Name	First Name
Spouse Last Name	Spouse First Name
Spouse Employer	Spouse Employer Telephone Number (     )

#### DEPENDANT CHILDREN (Dependant children must be financially dependant on you and under the age of 7.)

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

Who will be your childcare provider?

Cost per day:

Number of Days:

Additional Comments:

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

**NOTE:** \*Receipts are required for reimbursement.\*  
 \*Clients on Income Support may receive childcare subsidy through ATLS if they are not receiving the Daycare Subsidy (DTS).\*

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 Bâtir le *Nunavut* ensemble

# Adult Learning and Training Supports (ALTS) REQUEST FOR DISABILITY ASSISTANCE

This section is to be filled out by the individual requesting disability training supports.

## CLIENT 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	

## 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

## NATURE OF DISABILITY

Do you identify with having a disability?    Yes    No    Prefer not to report

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**Type of Disability**  
 Agility    Hearing    Mental Health    Visual    Intellectual    Developmental    Learning    Motor Skills    Speaking  
 Other (persistent barriers) \_\_\_\_\_

Please describe the nature of your disability and/or persistent barriers and the impact your disability has on your ability to attend training opportunities.

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## DESCRIPTION OF SUPPORTS REQUESTED

To the best of your ability, please identify what disability related support(s) you require.

**Requested Support:**

How will the support(s) requested assist you with training?

Have you received disability training support(s) before? If so, when?

## BUDGET

Please describe in the table below what support you are requesting, how long the support is needed, and the total cost of each support identified (if applicable). If you are unaware of the total cost of the support, assistance can be provided to you. Please provide a quote with this application if applicable.

Description of support requested		Duration of support	Cost of support			
			Quantity	Cost per Unit (A)	Shipping Cost (B)	Total Cost (A+B)
1.						
2.						
3.						
4.						
5.						
<b>Total Cost of Support (s) Requested</b>						<b>\$</b>

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

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