



Hamlets Employing Youth (HEY) APPLICATION PACKAGE

EMPLOYER	PART 1 Completes "Employer Application", Hamlets Employing Youth Employer Application
EMPLOYEE	PART 2 Completes "Employee Application", Hamlets Employing Youth Employee Application

If you have any questions, please contact your regions 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



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Canada

Hamlets Employing Youth (HEY)

APPLICATION PACKAGE

HAMLETS EMPLOYING YOUTH

The Department of Family Services has developed a youth-targeted wage subsidy program that provides youth with work experience and hamlets with needed operational support. This program is called Hamlets Employing Youth (HEY) and is for unemployed youth aged 18-30 and hamlets across Nunavut.

The program provides 75 percent of the hourly salary to a maximum of \$25/hr up to 40hr/week for a maximum of twenty-four (24) weeks in duration. The remaining 25 percent will be the responsibility of the hamlet, including any administrative costs. Participants receive on-the-job training and mentorship to prepare them for future careers and will be added to the casual list of each hamlet. (Note: Only one applicant per Hamlet per year.

If any party has questions or concerns about the program, please contact your local Career Development Officer (CDO).

PLEASE NOTE:

- Program approval is subject to funding availability.
- Reimbursment to employers is based on the submission of payroll documents.
- Youth will only be able to access this program once every five (5) years.
- The hired youth must rotate jobs during the intervention.

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Hamlets Employing Youth (HEY) PART 1 - EMPLOYER APPLICATION

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? Yes No						
If "Yes", what year?(MM-DD-YYYY)						

TRAINING INFORMATION

Trainee positions (a minimum of three)

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

1

2

3

TRAINER'S NAME	TRAINER'S QUALIFICATIONS	ROLES (please specify)

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Why do you want a trainee? Please provide your rationale.

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Trainee's Name	Has this Trainee been in a previous program?					
	□ Yes □ No If "Yes", when?(MM-DD-YYYY)					
Estimated Start Date:	Estimated End Date:					
(MM-DD-YYYY)	(MM-DD-YYYY)					
Trainee Wage/Hour	Hours/Week					
\$						
Brief Background of Trainee (e.g. work, training, volunteer, etc.)						
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TRAINING PLAN

Use this as the 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 Student acquire and be able to demonstrate at the end of the training period?

Comments:

Signature of Employer Representative

Date (MM-DD-YYYY)

Name of Employer Representative (please print)

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Hamlets Employing Youth (HEY) PART 2 - EMPLOYEE APPLICATION

PERSONAL I	NFORMATI	ON _							
Last Name			First Name		Middle Name(s)	Gend			
							🗆 M	□F	□ Other
Social Insurance Numb	per		Date of Birth		Nunavut Health Card N	umber			
				(MM-DD-YYY	Y)				
Family Type:	Family Type:		t	□ No Children in Household		Number of Dependents	:		
Marital Status:	□ Single	□ Ma	rried	Common La	W				
Language(s) <u>spoken</u> :	□ English	🗆 Fre	ench	🗆 Inuktitut	Inuinnaqtun	□ Other:			
Language(s) <u>written</u> :	□ English	French		🗆 Inuktitut	🗆 Inuinnaqtun	□ Other:			
Indigenous Identity:	🗆 Inuit	🗆 Firs	st Nation	n 🗆 Métis 🛛 NTI Card Num		nber:			-
Citizenship:	□ Canadian	🗆 Pe] Permanent Resident		n):			-	
Visible Minority:	□ Yes	🗆 No		Prefer not to	o report				
Immigrant:	□ Yes	🗆 No		Immigration ye	ear:				
Do you identify as having a disability? Yes No 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 Territory/Province Community Postal Code Email Telephone (Home)) (Telephone (Cell) Telephone (Work) Preferred method of communication:) () 🗆 Email 🗆 Mail Telephone (

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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 GRADUATIO				
1								
2								
3								
CI	CLIENT DECLARATION AND CONSENT TO RELEASE PERSONAL INFORMATION							

PLEASE PRINT YOUR FULL NAME

SOCIAL INSURANCE NUMBER

_____, hereby declare that:

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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