



APPLICATION FOR SHORT-TERM TRAINING

Short-term training funding is available for courses that are four weeks or less in duration.

Please complete all sections.

A. Personal Information

Name:

Current Address:

Permanent Address:

Mail should be sent to: Permanent Address

Current Address:

Email:

Social Insurance Number:

Telephone:

Alternate Telephone Number:

Membership Number:

Expiry Date:

Date of Birth (M/D/Y):

Gender:

Are you a person with a disability? Yes No
If so, please specify:

Marital Status: Single

Married

Common-Law

High School graduation or equivalent and year of completion:

B. Institution/Training Information

Course Applied For:

Institution:

Location:

Length of Training

Completion Date:

Course Cost:

(Please provide proof of course cost from the Training Institution)

Do you have previous post-secondary training? Yes

No

If yes, please specify training and institution:

C. Other Information

Have you applied for or been approved for funding assistance from another agency?

Applied: Yes No Approved: Yes No
Please specify agency:

Upon completion of your training, are you willing to relocate for work, if necessary: Yes No

Have you applied to NunatuKavut Community Council for funding in the past? Yes No

If yes, in what year and what was the program?

D. Career Path/Goal

Please provide rationale as to why you require this training and your anticipated outcome upon completion.

E. Employment Information

Are you presently employed? Yes No
If yes, give your employer's name: Occupation: Hours/Week:

If no, your last employer: Last date worked:

Are you currently receiving Employment Insurance (EI)? Yes No
If yes, start date: End Date

Have you applied for EI? Yes No Have you received EI benefits in the last five years: Yes No

Other sources of income:

Do you receive Income Support? Yes No Worker's Compensation? Yes No

Other? Please explain:

What are your barriers to employment? (please check all that apply)

- | | | |
|---------------------------------|--------------------------------------|---------------------------|
| Lack of labour force attachment | Remoteness | Lack of marketable skills |
| Transportation | Dependent care | Education |
| Economic | Physical, emotional or mental health | Other |
| Lack of work experience | Language | |

F. Declaration: Disclosure of Information

I am aware that the NunatuKavut Community Council (NCC) will share the information with Service Canada, the training institution and/or Advanced Education and Skills and that I consent to this disclosure for the purposes of eligibility, entitlement, progress and results.

By signing my name below, I am stating that the information provided in this application is true. I am also providing NCC the liberty to validate all information with the objective to make the best possible decision regarding my request.

Signature:

Date:

Witness:

Date:

NCC's mandate is to assist as many members as possible to obtain the necessary training for today's competitive job market. If you require assistance in filling out this application, please feel free to call our office at 709-896-0448.

Please submit this application in one of three ways:

Mail:

NunatuKavut Community Council – ESD Dept
169 Hamilton River Road
PO Box 460, Stn C
Happy Valley-Goose Bay, NL A0P 1C0

Email:

drumbolt@nunatukavut.ca

Fax:

709-896-0651

G. Checklists

Incomplete applications will not be assessed for funding. Please provide an updated resume with your application.

Student Use:

To be included with application submission

Resume

Proof of Course Cost from Institution

OFFICE USE ONLY

DATE APPLICATION RECEIVED:

APPLICATION: COMPLETE INCOMPLETE

ESD OFFICER SIGNATURE:

DATE:

ACKNOWLEDGEMENT LETTER SENT? YES NO

DATE: