



Inuit Pathways Funding Program  
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**APPLICATION FOR FUNDING ASSISTANCE/CLIENT ASSESSMENT**

**PERSONAL INFORMATION:**

Last Name:	First Name & Middle Initial(s):
Social Insurance Number:	Beneficiary Number:
Date of Birth: (mm/dd/yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Mailing Address:	Telephone Number: Email Address:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Spouse's Name:
Do you have any dependants? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please list dependants' name(s) and age(s):
Next of Kin:	Relationship:
Do you consider yourself to have a disability? Ex. Visual, hearing, learning, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please indicate disability:
Do you have any barriers to employment? Ex. Dependant Care, Transportation, Lack of Education, Code of Conduct etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please indicate barrier(s):

**Please provide change of address or telephone number when applicable.**

**Please provide change of marital and/or dependent status if it changes during the course of your training.**

**TRAINING DETAILS (If applicable):**

Course applying for:	Institution & Location:
Start Date:	End Date:
Have you applied to the Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide copy of acceptance letter)

**EMPLOYMENT STATUS:**

Employed     Self Employed     Casual Employed     Unemployed     Student  
 Income Support Recipient     Other  
 Please Specify: \_\_\_\_\_

**EMPLOYMENT INSURANCE BENEFITS:**

Are you currently receiving EI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, Start Date:	Have you received EI in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Or had a Maternity Claim in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**EMPLOYMENT DETAILS:**

Current Employer:	Dates:
Job Title:	# of Hours per week:
Previous Employer:	Dates:
Job Title:	Reason for Leaving:
Previous Employer:	Dates:
Job Title:	Reason for Leaving:

**EDUCATION/TRAINING:**

Are you currently in school or training? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name of school or institution:	Name of Course/Program:	Completion Date:
Primary/Secondary:	Year Completed:	School/Institution:	Town/City, Province:
Upgrading Level:	GED:	Institution:	Town/City, Province:
Post-Secondary:	Year Completed:	Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/>	Institution:

**CERTIFICATES OR TRADES LICENSES:**

Are you an Apprentice or Journeyman?	Trade Name:
<input type="checkbox"/> Yes <input type="checkbox"/> No    Expiry date:	Date Journeyman status awarded: ___/___/___
Have you completed any blocks?	Apprenticeship Block Level Completed
<input type="checkbox"/> Yes <input type="checkbox"/> No	Block #: _____

**Please complete all fields to ensure accurate entry into the ARMS Database System as required by Service Canada/ESDC.**

