



**Nunatsiavut Government - ASETS  
Inuit Pathways**  
P.O. Box 116, Makkovik, Labrador A0P 1J0

Telephone: 709-923-2105 Toll Free: 1-877-923-2171 Fax: 709-923-2347 Email: [roberta\\_baikie-andersen@nunatsiavut.com](mailto:roberta_baikie-andersen@nunatsiavut.com)

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**Application for Mobility Assistance**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Social Insurance Number (SIN): \_\_\_\_\_

Beneficiary Number: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male\_\_\_\_ Female\_\_\_\_ Marital Status: Single\_\_\_\_ Married\_\_\_\_  
Common-Law\_\_\_\_ Other\_\_\_\_

Telephone # : \_\_\_\_\_ Message # : \_\_\_\_\_

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Are you currently EI eligible? YES\_\_\_\_ NO\_\_\_\_ Have you applied for EI? YES\_\_\_\_ NO\_\_\_\_

Are you currently receiving EI benefits? YES\_\_\_\_ NO\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you received EI benefits in the last three years? YES\_\_\_\_ NO\_\_\_\_

Social Assistance Recipient? YES\_\_\_\_ NO\_\_\_\_ Other: YES\_\_\_\_ NO\_\_\_\_

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**Employer Information**

Business  
Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_

### Travel Details & Costs

Travel from: \_\_\_\_\_ to: \_\_\_\_\_

Mode of transportation: \_\_\_\_\_

Will your spouse/dependents be travelling with you? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of people traveling (including yourself): \_\_\_\_\_

Please list people traveling and relationship: (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

Estimated cost for requested travel: \$ \_\_\_\_\_

(Please provide proof of estimate)

**IN ORDER TO BE ELIGIBLE FOR ASSISTANCE UNDER THIS PROGRAM, I UNDERSTAND, I MUST BE CURRENTLY UNEMPLOYED AND MUST PROVIDE PROOF OF OFFER OF FULL TIME PERMANENT EMPLOYMENT.**

I understand that any and all personal information collected by the Inuit Pathways office will be used for educational/employment related purposes only.

I hereby grant permission to employees of Inuit Pathways (**1190000 Inuit – Makkovik ASETS**) to **exchange/receive** information pertaining to my file to/from the following:

- Inuit Pathways
- Nunatsiavut Government
- Department of Advanced Education & Skills (Income Support & Financial Services)
- Employment Assistance Offices/Employment Services
- Accountability and Resource Management System (ARMS)
- Employers/businesses

I hereby agree to allow and comply with follow up telephone calls &/or emails from Inuit Pathways

I certify that the information given is true and complete. I understand it will be shared with and may be subject to verification by Service Canada, its representative or ASETS provider. Information given will be entered into Inuit Pathways' ARMS Database. I agree that I may be contacted by Inuit Pathways for any employment & training opportunities.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_