



Inuit Pathways Funding Program
P.O. Box 116
Makkovik, NL
A0P 1J0

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Toll Free: 1-877-923-2171
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Email: inuitpathways@nunatsiavut.com

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/HRSDC.



**Inuit Pathways Funding Program
Nunatsiavut Government ASETS
Consent to Release of Information**

I, _____, _____ understand that any and
Client Name Social Insurance Number
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 the Inuit Pathways (**1190000 Inuit – Makkovik ASETS**)
office to **exchange/receive** information pertaining to my file to/from the following:

- Inuit Pathways Funding Program
- Post Secondary Student Support Program
- Nunatsiavut Government
- Service Canada as a representative of Employment & Social Development Canada
- Department of Advanced Education & Skills (formerly HRL & E)
- Employment Assistance Offices/Employment Services
- Other Funding Agencies
- Student Aid
- The specific training institution I am/will be attending
- Accountability and Resource Management System (ARMS)
- Employers/businesses
- LMDA

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 HRSDC, its representation or ASETS provider. Information given
will be entered into Inuit Pathways' HR ARMS Database. I agree that I may be contacted by Inuit
Pathways for any employment & training opportunities.

Client Signature: _____

Date: _____

Inuit Pathways' Staff: _____

Date: _____