



Nunatsiavut Government
Inuit Pathways Funding Program
P.O. Box 116, Makkovik, NL, A0P 1J0
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Roberta_baikie-andersen@nunatsiavut.com

Work Experience Program Application Form

Applicant Information:

Business Name: _____

Contact Person: _____ Email: _____

Address: _____

Telephone #: _____ Fax #: _____

By checking here, this indicates all work areas associated with this work experience meet Occupational Health & Safety (OH&S) regulations.

Client Information:

Client Name: _____ SIN: _____

Beneficiary #: _____ Date of Birth (M/D/Y): __/__/__

Address: _____

Email: _____ Telephone #: _____

Job Description & Budget Breakdown:

Job Title: _____

Description of Job Duties: _____

Proposed Start Date: _____

Budget Breakdown

Wages per hour: _____

of hours per week: _____

of weeks for subsidy: 16 weeks Subtotal: _____

MERC (Subtotal X 15%): _____

TOTAL AMOUNT: _____

Please attach a detailed proposal letter with your application requesting assistance (background of employer/business, more information on requirements and details as to why this client was chosen, and information on commitment as to continued employment upon completion of work experience portion) & client's resume.

Attention to: Roberta Baikie-Andersen
Program Director or
Tom Evans
Financial & Partnership Manager

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

For office use only:

Total Amount: \$ _____ **Subsidy Available (%):** _____

Total Inuit Pathways Contribution: \$ _____

Date Approved: _____