

Inuit Pathways Funding Program P.O. Box 116 Makkovik, NL A0P 1J0 Tel: (709) 923-2105 Toll Free: 1-877-923-2171 Fax: (709) 923-2347 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:
	□ Male □ Female
Current Mailing Address:	Telephone Number:
	Email Address:
Marital Status:	Spouse's Name:
□ Single □ Married □ Common Law	
Divorced Separated	
Do you have any dependants? □ Yes □ No	If so, please list dependants' name(s) and age(s):
Next of Kin:	Relationship:
Do you consider yourself to have a disability?	If so, please indicate disability:
Ex. Visual, hearing, learning, etc.	
Do you have any barriers to employment?	If so, please indicate barrier(s):
Ex. Dependant Care, Transportation, Lack of Education, Code of	
Conduct etc.	

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?	Have you been accepted?
	(If yes, please provide copy of acceptance letter)

#### **EMPLOYMENT STATUS:**

Employed	Self Employed	Casual Employed	Unemployed	Student	
□ Income Suppo		Dther			
	Р	lease Specify:			

## **EMPLOYMENT INSURANCE BENEFITS:**

Are you currently receiving EI benefits?	Have you received EI in the last 3 years?
□ Yes □ No	□ Yes □ No
	Or had a Maternity Claim in the last 5 years?
If Yes, Start Date:	

# **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? □ Yes □ 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 □ Diploma □ Degree □	Institution:

# **CERTIFICATES OR TRADES LICENSES:**

Are you an Apprentice or Journeyperson?	Trade Name:
Yes Do Expiry date:	Date Journeyperson status awarded://
Have you completed any blocks?	Apprenticeship Block Level Completed
□ Yes □ No	Block #:

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



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

I, \_\_\_\_\_\_\_, \_\_\_\_\_\_ understand that any and 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.

Date: