



Nunatsiavut Government – EDUCATION DIVISION			
	P.O. Box 116 Makkovik, NL A0P 1J0 Email: education@nunatsiavut.com Website: www.Nunatsiavut.com	Telephone: (709) 923-2105 Toll Free: 1-877-923-2171 Fax: (709) 923-2347	

APPLICATION FOR EDUCATIONAL ASSISTANCE

PERSONAL INFORMATION:

Full Name:		Previous surname:	
Street Address: P.O. Box #: Current Town/City:		Telephone #:	
		(H): _____ (W): _____	
		Cell #:	
		Home Town/City (if different than current):	
Province:	Postal Code:	Email address:	
Date of birth: D ____ M ____ Y ____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Preferred Pronoun:
Social Insurance Number:		Beneficiary Number: N _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed			
Spouse's Name (if applicable):			
Has your spouse applied for or is he/she currently being funded by the Nunatsiavut Government? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any dependants in your care? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list dependants names & birthdates:			
Full Name:		Birthdate(DD/MM/YYYY):	
# Of People Travelling including yourself (if travel is required): _____			
Next of Kin:		Relationship:	
Do you give permission for our division to speak to this person about your application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you consider yourself to have a disability or a barrier to education? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate: <input type="checkbox"/> visual <input type="checkbox"/> hearing <input type="checkbox"/> learning disability <input type="checkbox"/> dependant care <input type="checkbox"/> transportation <input type="checkbox"/> lack of education <input type="checkbox"/> Code of Conduct <input type="checkbox"/> Other _____	

EMPLOYMENT INFORMATION**CURRENT EMPLOYMENT STATUS:**

☐ Full-time employed ☐ Part-time employed ☐ Self-employed ☐ Casually employed ☐ Unemployed ☐ Student
☐ Income Support Recipient ☐ Other Please Specify: _____

Current or Previous Employer:

Start date of Employment(DD/MM/YYYY):

Reason for Leaving (if applicable):

EMPLOYMENT DETAILS WHILE IN TRAINING:

☐ Full-time employed ☐ Part-time employed ☐ Self-employed ☐ Casually employed ☐ Not employed
☐ Other Please Specify: _____

EMPLOYMENT INSURANCE DETAILS:

If you are unemployed or has previously been laid off from work:

Are you currently receiving EI benefits? ☐ Yes ☐ Or, Will you be applying for EI benefits? ☐ Yes ☐

Have you received EI benefits in the last 5 years? ☐ Yes ☐ No

PROGRAM INFORMATION/TRAINING DETAILS:

Program of Studies applying for:

Program Length:

Year of Study:

Program Type:

☐ Adult Basic Education ☐ Transition Program ☐ Trade ☐ Certificate ☐ Diploma ☐ Undergraduate Degree
☐ Master's ☐ Ph. D ☐ Certifications (ex: SFA, Fall Protection, MED, etc.) ☐ Short Program (under 3 months long)

If you are applying for a transition/preparatory program (ex: ABE, ABP, CAS/CUTY), please indicate the area of study you are preparing for: _____

Institution (1st choice):

Location:

Institution (2nd choice, if applicable):

Location:

Program Status applying for:

☐ Full-time ☐ Part-time ☐ Correspondence/Distance # of courses in Semester: _____

Semester:

☐ Fall ☐ Winter ☐ Spring ☐ Intersession ☐ Summer Start date: D____M____Y____

Have you applied to the Institution: ☐ Yes ☐ No **AND** Have you been accepted? ☐ Yes ☐ No ☐ Unsure ☐ Conditional

Living arrangements while in training: ☐ own home or with family ☐ renting/boarding ☐ campus residence

PREVIOUS EDUCATION & TRAINING DETAILS:

Are you currently attending High School:

☐ Yes ☐ No

Year of Graduation (if applicable):

Education since High School:

Did you complete the program? ☐ Yes ☐ No If yes, date of completion(DD/MM/YYYY): ____/____/____

Were you previously funded? ☐ Yes ☐ No

If yes, please indicate: ☐ PSSSP ☐ Inuit Pathways ☐ AES ☐ Other

Do you hold any Safety Certifications? ☐ Yes ☐ No

If yes, please list:

Have they expired? ☐ Yes ☐ No If No, please indicate date of expiry(DD/MM/YYYY): ____/____/____

Do you hold a valid Drivers' License? ☐ Yes ☐ No

Class(s): _____ Date(s) Issued(DD/MM/YYYY): ____/____/____

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Consent to Release of Information

I, _____ understand
Print Name Social Insurance Number Student ID (if applicable)

that any and all personal information collected by the Nunatsiavut Government - Education Division will be used for educational/employment related purposes ONLY.

I hereby grant permission to employees of the Nunatsiavut Government Education Division offices to exchange/ receive information pertaining to my file to/from the following:

- Nunatsiavut Government Education Division
- Nunatsiavut Government & all other departments
- Service Canada as a representative of Employment & Social Development Canada (ESDC)
- Post-Secondary Institution (please indicate): _____
- Department of Immigration, Skills & Labour (formerly AES)
- Department of Children, Seniors & Social Development (CSSD)
- Employment Assistance Offices/Employment Services
- Other funding agencies (ex: LATP)
- Secondary Institutions
- Student Aid
- The specific training institution I am/will be attending
- Accountability and Resource Management System (ARMS) Database
- Employers/businesses
- Employment Insurance Benefits Information System (EIBIS) (EI Eligibility Status)

I hereby agree to allow and comply with the follow-up telephone calls &/or emails &/or Facebook messages from the Nunatsiavut Government - Education Division.

I certify that the information given is true and complete. I understand it will be shared with and may be subject to verification by ESDC. Information given will be entered into the Nunatsiavut Government ARMS Database.

I agree that I may be contacted by the Nunatsiavut Government - Education Division for any employment & training opportunities.

Applicant Signature: _____ **Date:** _____

For office use ONLY:

Funding allocation: ☐ PSSSP ☐ ISETP (☐ EI Part II ☐ CRF) ☐ IPSE

Has this client been assisted with completing a resume? ☐ Yes ☐ No