



Community Based Training Application



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



Please list names of participants with Beneficiary Number and Social Insurance Number:

(The purpose of this is for verification of funding allocation)

Name	Beneficiary Number	Social Insurance Number

Proposed Start Date: _____ **End Date:** _____

Will your organization be contributing to this project? ☐ Yes ☐ No If yes, amount: _____

Total amount requested from the Nunatsiavut Government-Education Division? _____

Total amount of Project: _____

Please attach a copy of a detailed proposal from the training provider, which should include:

- A detailed description of how the project will be developed and delivered
- A project timeline
- Budget/Training cost

Attention to: Michelle Dyson
Internship Placement & Partnership Coordinator
Nunatsiavut Government – Education Division
P.O. Box 116
Makkovik, NL
A0P 1J0

For Office Use Only:

Approved: ☐ Yes ☐ No **Amount Approved:** _____

Approved by: _____

Funding Allocation: ☐ ISETP EI Amount: _____ ☐ ISETP FF Amount: _____