Nunatsiavut Government – EDUCATION DIVISION



NUNATSIAVUT GOVERNMENT P.O. Box 116 Makkovik, NL AOP 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					
Full Name:		Previou	Previous surname:		
Street Address: P.O. Box #:			Telephone #: (H): (W):		
Current Town/City:			Home Town/City (if different than current):		
Province:	Postal Code:	Email a	ddress:		
Date of birth: D M Y Social Insurance Number:		□ Mal	Gender: Preferred Pronoun: □ Male □Female □ Other Beneficiary Number:		
Do you have any dep	lied for or is he/she co pendants in your care ts names & birthdate	□ Yes □ No	ed by the Nunatsiavut Government? □ Yes □No		
Full Name:			Birthdate(DD/MM/YYYY):		
# Of People Travellin	g including yourself (i	ftravel is required)	:		
Next of Kin:			nship:		
Do you give permiss	on for our division to	speak to this perso	n about your application? Yes No		
Do you consider you or a barrier to educa		□visual □hearin _ℓ	cate: g □learning disability □ dependant care □lack of education □Code of Conduct		

EMPLOYMENT INFORMATION					
CURRENT EMPLOYMENT STATUS:					
□ Full-time employed □ Part-time employed □ Self-employed □ Cası	ually emploved □ Uner	nploved □ 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 □ Casi	ually employed \square Not ϵ	employed			
Other Please Specify:					
EMPLOYMENT INSURANCE DETAILS:					
If you are unemployed or has previously been laid off from work:		0. 2 v			
	ou be applying for EI be				
Have you received EI benefits in the last 5 years?	□ Yes □ N	lo			
DDOCDAM INFORMATION /TRAINING DETAILS.					
PROGRAM INFORMATION/TRAINING DETAILS:	Drogram Langth	Voor of Ctudu			
Program of Studies applying for:	Program Length:	Year of Study:			
Program Type:					
□ Adult Basic Education □ Transition Program □ Trade □ Certificate	e ⊓ Diploma ⊓ Un	dergraduate Degree			
□ Master's □ Ph. D □ Certifications (ex: SFA, Fall Protection, MED	•	-			
If you are applying for a transition/preparatory program (ex: ABE, ABP					
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 Sta	rt date: DM	Y			
Have you applied to the Institution: ☐ Yes ☐ No AND Have you been a	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 a	applicable):			
	,	,			
Education since High School:					
Did you complete the program? ☐ Yes ☐ No ☐ If yes, date of co	ompletion(DD/MM/YYY	Y): / /			
Were you previously funded?					
If yes, please indicate: □ PSSSP □ Inuit Pathways □ AES □ Other					
Do you hold any Safety Certifications?	□ Yes □ N	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?					
Class(s): Date(s) Issued(DD/MM/YYYY	'):/			

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Has this client been assisted with completing a resume?

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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 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 Developmed 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) (El Eligibilis	ent Canada (ESDC)				
I hereby agree to allow and comply with the follow-up telephone calls &/or ema the Nunatsiavut Government - Education Division.	ils &/or Facebook messages from				
I certify that the information given is true and complete. I understand it will be s to verification by ESDC. Information given will be entered into the Nunatsiavut O I agree that I may be contacted by the Nunatsiavut Government - Education Divis opportunities.	Government ARMS Database.				
Applicant Signature: Date:					
For office use ONLY: Funding allocation:					

 $\ \square$ Yes $\ \square$ No