



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



*** You do not have to be accepted into your program before you apply for funding***

APPLICATION FOR EDUCATIONAL ASSISTANCE

PERSONAL INFORMATION:

Full Name:		Preferred Name:	
Street Address:		Telephone #: (H): _____ (W): _____	
P.O. Box #:		Cell #:	
Current Town/City:		Home Town/City (if different than current):	
Province:	Postal Code:	Primary 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 # of years: _____ <input type="checkbox"/> Widowed			
Spouse's Name (if applicable):		Spouse's Date of Birth:	
Has your spouse applied for or are they 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 (Please note: We will not speak to anyone else other than yourself if/when you have been accepted for funding)			
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 Receiving EI
 Student Income Support Recipient Other Please Specify: _____

Current or Previous Employer:	Start date of Employment(DD/MM/YYYY):
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Reason for Leaving (if applicable): _____

EMPLOYMENT DETAILS WHILE IN TRAINING:

Full-time employed Part-time employed Self-employed Casually employed Unemployed Receiving EI
 Other Please Specify: _____

EMPLOYMENT INSURANCE DETAILS:

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

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

PROGRAM INFORMATION/TRAINING DETAILS:

Program of Studies applying for:	Program Length:	Year of Study:	Start Date:	End Date:
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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:
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Institution (2nd choice, if applicable):	Location:
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Funding applying for: Full-time Part-time
 Delivery: In Class Online Both # of courses in Semester: _____

Semester:
 Fall Winter Spring Intersession Summer

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of Graduation (if applicable):
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Education since High School: _____

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

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): ____/____/____



NUNATSIAVUT GOVERNMENT - EDUCATION DIVISION



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
• All other Nunatsiavut Government 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: L ATP)
• Secondary Institutions
• Student Aid
• The specific training institution I am/will be attending
• Accountability and Resource Management System (ARMS) Database
• Nunatsiavut Government Education Division Database
• Potential Employers/businesses
• Employment Insurance Benefits Information System (EIBIS) (EI Eligibility Status)
• Supportive Living/Shelter Staff

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 HEREBY WAIVE, RELEASE, DISCHARGE AND AGREE NOT TO SUE the Nunatsiavut Government and its affiliates, successors, heirs, executors, and assigns from any and all claims including, but not limited to, claims for travel expenses, causes of action based on personal injury (including death) and damages to personal property, that I may have in the future against the Nunatsiavut Government and its affiliates, successors, heirs, executors, assigns, officers, employees, representatives and agents, which may result directly or indirectly from travel.

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 & Education Databases.

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: Tuition/Childcare: [] PSSSP [] ISETP [] EI Part II [] CRF [] IPSE
Remaining Supports: Tuition/Childcare: [] PSSSP [] ISETP [] EI Part II [] CRF [] IPSE
Has this client been assisted with completing a resume? [] Yes [] No