



Nunatsiavut Government – EDUCATION DIVISION

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Application for Mobility Assistance

Name: _____ Mailing Address: _____

Email: _____

Social Insurance Number (SIN): _____

Beneficiary Number: _____ Date of Birth (M/D/Y): ____/____/____

Gender: Male _____ Female _____ Other _____ Marital Status: Single _____ Married _____

Common-Law _____ Other _____ Telephone #

: _____ Message # : _____

Are you currently EI eligible? YES _____ NO _____ Have you applied for EI? YES _____ NO _____

Are you currently receiving EI benefits? YES _____ NO _____

Start Date: ____/____/____ End Date: ____/____/____

Have you received EI benefits in the last three years? YES _____ NO _____

Social Assistance Recipient? YES _____ NO _____ Other: YES _____ NO _____

Employer Information

Business Name: _____

Contact Person: _____ Email: _____

Mailing Address of Employer: _____

Phone Number: _____

Job Title: _____

Start Date of Employment: _____

Travel Details & Costs

Travel from: _____ to: _____

Mode of transportation:

Will your spouse/dependents be travelling with you? Y N

Number of people traveling (including yourself): _____

Please list people traveling and relationship: (if applicable)

Estimated cost for requested travel: \$ _____
(Please provide proof of estimate)

IN ORDER TO BE ELIGIBLE FOR ASSISTANCE UNDER THIS PROGRAM, I UNDERSTAND, I MUST BE CURRENTLY UNEMPLOYED AND MUST PROVIDE PROOF OF OFFER OF FULL TIME PERMANENT EMPLOYMENT.

I understand that any and all personal information collected by the NG Education Division will be used for educational/employment related purposes only.

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

- Nunatsiavut Government
- Department of Advanced Education & Skills (Income Support & Financial Services)
- Employment Assistance Offices/Employment Services
- Accountability and Resource Management System (ARMS)
- Employers/businesses

I hereby agree to allow and comply with follow up telephone calls &/or emails from the NG 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 Service Canada, its representative or ISETP provider. Information given will be entered into NG Education Division’s ARMS Database. I agree that I may be contacted by the NG Education Division for any employment & training opportunities.

SIGNATURE: _____ DATE: _____