



Nunatsiavut Government – EDUCATION DIVISION
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Work Experience Program Application Form

Applicant Information:

Business Name: _____

Contact Person: _____ Email: _____

Address: _____

Telephone #: _____ Fax #: _____

Date Application Submitted: _____

By checking here, this indicates all work areas associated with this work experience meet Occupational Health & Safety (OH&S) regulations.

Client Information:

Client Name: _____ SIN: _____

Beneficiary #: _____ Date of Birth (M/D/Y): __/__/__

Address: _____

Email: _____ Telephone #: _____

(if client isn't known at the time, leave section blank and provide name once selected)

Job Description & Budget Breakdown:

Job Title: _____

Description of Job Duties: _____

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

Budget Breakdown

Wages per hour: _____

of hours per week: _____

of weeks for subsidy: _____ Subtotal: _____
(Maximum 16 weeks)

MERC (Subtotal X 11.45%): _____ **TOTAL AMOUNT:** _____

Please attach a detailed proposal letter with your application requesting assistance (background of employer/business, more information on requirements and details as to why this client was chosen, and information on commitment as to continued employment upon completion of work experience portion) & client's resume.

Attention to: Michelle Dyson
Internship Placement & Partnership Coordinator

Nunatsiavut Government – Education Division
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Makkovik, NL
AOP 1J0
michelle.dyson@nunatsiavut.com

For office use only:

Approved: Yes No **Amount Approved:** _____
Start date of program: _____ **End date of program:** _____
Funding Allocation: PSSSP ISETP (EI CRF) IPSE
Approved by: _____ **Date:** _____