#### **Sivuliqtiksat**

#### **Program Application Form**

**APPLICATION PROCESS**

You will find enclosed the Sivuliqtiksat application form which must be out filled by the sponsoring department. Before completing it, please ensure you have read the ***Sivuliqtiksat Program Guidelines.***

To be considered eligible for review when requesting for an intern, the following documents **must be endorsed by your Deputy Minister** and provided to the Department of Human Resources:

* **Sivuliqtiksat Program Application form**
* **Job description of the target position (Word format)**
* **Job description of the target position tailored to internship duties (Word format)**
* **Most recent signed organizational chart** **of your department**
* **Designated trainer’s resumé**

Once all documents are received, the Sivuliqtiksat application will be reviewed by the Interdepartmental Review Committee and your department will be notified in writing of the final decision. Should we require more information on your submission; the Sivuliqtiksat Coordinator will be contacting you.

Thank you for your interest in the Sivuliqtiksat program.

**Please send your application to:**

Sivuliqtiksat Coordinator

## Sivumuaqatigiit Division

## Department of Human Resources

P.O. Box 1000, Station 220

Iqaluit, NU X0A 0H0

T: (867) 975-6260

F: (867) 975-6092

sivumuaqatigiit@gov.nu.ca

**BEFORE APPLYING FOR A SIVULIQTIKSAT INTERN POSITION**

Taking on an intern requires an ongoing commitment by departments, divisions and individuals. **Before** applying for an internship, please consider the following questions:

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| **Nature of target position** | **Yes** | **No** |
| * Management
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| * Specialist
 |  |  |
| **Incumbent in target position** | **Yes** | **No** |
| * Is there a current incumbent in the target position?
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| * If so, will he⁄she be the designated trainer?
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| * If yes, has he⁄she been in the position for at least six months? (mandatory)
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| * Does the trainer understand that the intern will be awarded his/her position upon completion of internship?
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| * Does the trainer have a plan to retire once the internship will be completed?
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| * Does the trainer have departmental approval to move to a new position within the organization once the internship is completed?
* Is the Trainer committed for the entire length of the internship?
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| **Designated trainer - If not the current incumbent of the target position** | **Yes** | **No** |
| * Has the individual been in his/her position for a minimum of six months?
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| * Is the designated trainer on site?
 |  |  |
| **Length of training required** | **Yes** | **No** |
| * Will the internship be 1 to 3 years?
 |  |  |
| **Departmental/Divisional capacity**  | **Yes** | **No** |
| * Does your department currently have Sivuliqtiksat interns?
* Can the department provide suitable workspace and office equipment?
* Can the department support an internship from 1-3 years in length?
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| **SIVULIQTIKSAT APPLICATION FORM – REQUEST FOR INTERN** |
| DEPARTMENTAL INFORMATION |
| Department: | Departmental contact: | Contact number: |
| INTERN POSITION INFORMATION |
| Position Title: | Community: |  Region: |
| STAFFING INFORMATION |
| Please check one of the following: |
| Open Competition | Competitive Transfer Assignment  |  |
| Bilingual Bonus requiredYes No |
| Criminal Record Check required Yes No  |
| Housing requested Yes No\* Housing request may take up to 3 months or longer for approval  |
| Length of internship (1-3 years.):  |

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| **RATIONALE AND PLANNING INFORMATION** |
| 1. How does the Intern position specifically address and support your Department’s Inuit Employment Plan?
2. Please briefly list 4 or 5 major responsibilities of the target position and describe how on-the-job training will be used to develop the intern’s skills, abilities and knowledge in those areas.
3. Please describe the other types of supplemental training (i.e. courses, accredited learning, distance education) that you feel would accompany the internship.
4. What would the minimum (screening) requirements be for this position in terms of:
* Knowledge, Skills, Abilities
* Experience
* Equivalencies
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| **TRAINER INFORMATION** |
| Name: | Position title: | Position number: |
| Community: | Region: | Contact number: |
| 1. How long has the Trainer worked for the Government of Nunavut (GN)?

 .1. How long has he/she been in the current position?
2. How long has he/she been residing in Nunavut and/or in the North?
3. Is the current incumbent an indeterminate employee, term or on a Transfer Assignment?

 If term employee or on a Transfer Assignment, what is the end date?1. Does the Trainer have supervisory experience? Please provide specific examples.
2. What experience has the Trainer had in training, mentoring, and coaching?
3. Following successful completion of the Program, the intern will be directly appointed to the target position. If there is a current incumbent in the target position, what considerations have been made for the incumbent (retirement, other position)?

*\*Please refer to the Internal Position Agreement section of the Sivuliqitksat Program Guidelines.*   |

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| **DEPARTMENTAL TRAINING SUPPORT INFORMATION** |
| **1-** How will the Department as a whole support the learning and development of this intern? How will a learning environment be developed and what will it look like?**2-** What is the current workload of staff who will assume the role of Supervisor and/or Trainer(s)? How will this workload be reduced to incorporate training and learning responsibilities?**3-** How will the Supervisor prepare the division to become a cooperative and accepting work environment for the intern? What specific steps will she/he take to ensure a smooth orientation for the Intern and the rest of the division?**4-** Has the Division developed successful interns in the past? If so, what made the learning successful? If not, why was the intern unsuccessful? Please give specific details as to who the intern was and what position she/he was in.1. What experience has the rest of the division had in training others?
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| **AUTHORIZATIONS** |
| To be signed by the **Direct Supervisor of position.** Signature acknowledges that supervisor has read through the application package and has a clear understanding of the purpose of this program. |
| **Name:** **Signature:**  | **Date:**  |
|  |
| To be signed by the **Designated Trainer of position**. Signature acknowledges that trainer has read through the application package and has a clear understanding of the purpose of this program. |
| **Name:** **Signature:**  | **Date:** |
|  |
| To be signed by **Deputy Minister** **(or designate)**. Signature acknowledges that department will provide support to both intern and designated trainer for the duration of the internship. |
| **Name:** **Signature:**  | **Date:** |