





Is the trainee is an apprentice?

Yes  No If "Yes", at what apprentice level ?  1  2  3  4

Estimated Start Date (YY-MM-DD)

Estimated Start Date (YY-MM-DD)

Estimated End Date (YY-MM-DD)

Estimated End Date (YY-MM-DD)

Trainee Wage / hour

Hours per week

\$

### 3 - TRAINING PLAN

You can add this as the format or as a guideline, please add any other information that you may find relevant to your training plan.

#### Learning Objectives:

What skills, abilities and knowledge will the Trainee acquire and be able to demonstrate at the end of the training period?

#### Training Methodology: (OR ATTACH A SEPARATE TRAINING PLAN)

Describe what tasks and how the trainee will be learning in the time period that you have chosen (i.e. week, month, quarter). Divide the training into as many periods that will be practical. Add additional pages as necessary.

TRAINING PERIOD	TOPICS	TRAINING METHODS	EVALUATION METHODS

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

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**Training Facility:**

*Please indicate what resources the training facility has that will ensure an adequate training experience.*

**Other Funding Sources:**

*Please list any agencies that you are receiving funding for this training plan*

**Comments:**

\_\_\_\_\_

Signature of Employer Representative

\_\_\_\_\_

Date (YYYY-MM-DD)

\_\_\_\_\_

Name of Employer Representative (please print)

**OFFICE USE:**

TOJ APPROVAL NUMBER		REF.#	
TOJ APPROVAL GNS#			
TOJ APPROVAL DATE			
CDO NAME			





## WORK / EMPLOYMENT HISTORY

Please list most recent first	#1	#2	#3
COMPANY NAME:			
JOB TITLE:			
DUTIES:			
FULL-TIME / PART-TIME?	<input type="checkbox"/> Full-time <input type="checkbox"/> Full-time seasonal <input type="checkbox"/> Part-time <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Full-time seasonal <input type="checkbox"/> Part-time <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Full-time seasonal <input type="checkbox"/> Part-time <input type="checkbox"/> Other: _____
REASON FOR LEAVING			
PERIOD OF EMPLOYMENT	FROM (YY - MM)      TO (YY - MM) 	FROM (YY - MM)      TO (YY - MM) 	FROM (YY - MM)      TO (YY - MM) 
WEEKLY EARNINGS	\$                      /wk	\$                      /wk	\$                      /wk

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Are you willing to move for employment?     Yes     No

Reasons:

Are you willing to move for training?     Yes     No

Reasons:

# CLIENT DECLARATION AND CONSENT TO RELEASE OF INFORMATION

I, \_\_\_\_\_  
PLEASE PRINT YOUR FULL NAME

\_\_\_\_\_  
Social Insurance Number

hereby declare that :

1. The information contained in my application for assistance under the Canada - Nunavut Labour Market Development Agreement and/or other GN Department of Family Services programs, is complete, accurate and true, to the best of my knowledge.
2. I understand that false or misleading statements may result in legal action, criminal investigation, prosecution and in my eligibility to participate, the termination of my benefits and my repayment of benefits that I may have already received.
3. I shall immediately notify the Department of Family Services should the circumstances of my eligibility or participation change.
4. I agree to refund any financial assistance to which I am not entitled; and
5. I authorize and consent to the Nunavut Department of Family Services's release, sharing or verification of information about me and / or my spouse and/ or my dependents to any agency, organization or government department for the following purposes:
  - i) Determining my initial and ongoing need, eligibility or entitlement for programs or services, including financial assistance;
  - ii) Determining my status in participating, attending or making progress in programs and services; or
  - iii) Determining the results or outcomes from my participation or enrolment

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Witness Signature

All sections are mandatory - Place a dash or line through boxes that do not apply to you.