







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

Trainee's Name	<b>Has this Trainee been in a previous program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when? _____ (MM-DD-YYYY)
Estimated Start Date: _____ (MM-DD-YYYY)	Estimated End Date: _____ (MM-DD-YYYY)
Trainee Wage/Hour \$	Hours/Week
Brief Background of Trainee (e.g. work, training, volunteer, etc.)	

## TRAINING PLAN

Use 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 Student acquire and be able to demonstrate at the end of the training period?*

**Comments:**

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Date (MM-DD-YYYY)

\_\_\_\_\_  
Name of Employer Representative (please print)

**Return to: Your regional Career Development Offices**

**North Baffin:** 1-800-567-1514  
Career Development  
Box 204, Pangnirtung, NU X0A 0R0  
northbaffincdo@gov.nu.ca

**South Baffin:** 1-855-975-6580  
Career Development  
Box 1000 Stn 1280, Iqaluit, NU X0A 0H0  
southbaffincdo@gov.nu.ca

**Kivalliq:** 1-800-953-8516  
Career Development  
Box 877, Rankin Inlet, NU X0C 0G0  
kivalliqcdo@gov.nu.ca

**Kitikmeot:** 1-800-661-0845  
Career Development  
Box 20, Cambridge Bay, NU X0B 0C0  
kitikmeotcdo@gov.nu.ca



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## EDUCATION HISTORY

Highest level of education completed?		Place of Education			
Name of Institution		End Date: _____ (MM-DD-YYYY)			
List any training or educational programs you have completed.					
	PROGRAM	INSTITUTION	LOCATION	START DATE MM - YYYY	GRADUATION DATE MM - YYYY
1					
2					
3					

## CLIENT DECLARATION AND CONSENT TO RELEASE PERSONAL INFORMATION

I, \_\_\_\_\_, \_\_\_\_\_, hereby declare that:  
PLEASE PRINT YOUR FULL NAME SOCIAL INSURANCE NUMBER

- The information contained in my application for assistance is complete, accurate and true, to the best of my knowledge.
- I understand that false or misleading statements may result in legal action, criminal investigation, prosecution and my ineligibility to participate, including the termination of my benefits and repayment of any benefits I have already received.
- I shall immediately notify the Department of Family Services should the circumstances of my eligibility or participation change.
- I agree that if I have provided an email address, this will be the primary means of communication with me regarding my program.
- I agree to refund any financial assistance to which I am not entitled.
- I authorize and consent to the Government of Nunavut releasing, sharing or verifying of information about me and/or my spouse and/or my dependents to any agency, organization or other government department for the following purposes:
  - Determining my initial and ongoing need, eligibility, or entitlement for programs or services, including financial assistance;
  - Determining my status in participating, attending or making progress in programs and services; or
  - Determining the results or outcomes from my participation or enrolment.

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

\_\_\_\_\_  
Client Signature

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

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