

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:

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

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

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

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					

PARENT/GUARDIAN CONSENT

If Under the Age of 18, the student must have approval by parent and/or guardian. Please sign and indicate the relationship.

Relationship: _____

Signature: _____

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