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Building *Nunavut* Together
Nunavut iuqatigiingniq
Bâtir le *Nunavut* ensemble

Canada

Training Assistance Program (TAP) APPLICATION PACKAGE

EMPLOYER	PART 1 Completes “ Employer Application ”, Training Assistance Program
TRAINEE	PART 2 Completes “ Trainee Application ”, Training Assistance Program

**If you have any questions, please contact
your regions career development office.**

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
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Box 20, Cambridge Bay, NU X0B 0C0
kitikmeotcdo@gov.nu.ca



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Training Assistance Program (TAP) PART 1 - EMPLOYER APPLICATION

NOTE: Trainees must be unemployed or underemployed to be eligible to enter into a TAP agreement.

EMPLOYER INFORMATION

Business's Legal Name	CRA Business Number	P.O. Box Number
Community	Territory/Province	Postal Code
Business Telephone ()	Business Cell ()	Email Address
Contact Person: Last Name	First Name	Position/Title
Business Type		
Have you accessed this program before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what year? _____ (MM-DD-YYYY)		

TRAINING INFORMATION

Trainee's Name	Trainee Position/Title
Trainer Position	Trainer's Qualifications
Trainee Wage/Hour	Hours /Week
Training Duration Start Date: _____	Training Duration End Date: _____
(MM-DD-YYYY)	(MM-DD-YYYY)

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

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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 Trainee acquire and be able to demonstrate at the end of the training period?

Training Methodology: (OR ATTACH A SEPARATE TRAINING PLAN)

*Describe 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 as is practical. Add additional pages as necessary.*

TRAINING PERIOD	TOPICS	TRAINING METHODS	EVALUATION METHODS

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Other Funding Sources:

Please list any agencies from which you are receiving funding for this training plan.

Comments:

Signature of Employer

Date (MM-DD-YYYY)

Name of Employer (please print)

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EDUCATION HISTORY

Highest level of education completed?		Place of Education			
Name of Institution		End Date: <div style="text-align: center; border-bottom: 1px solid black; width: 80%; margin: 0 auto;">(MM-DD-YYYY)</div>			
List any training or educational programs you have completed.					
	PROGRAM	INSTITUTION	LOCATION	START DATE MM - YYYY	GRADUATION DATE MM - YYYY
1					
2					
3					

EMPLOYMENT HISTORY

Current Employment Status <input type="checkbox"/> Employed (Full-time/Permanent) <input type="checkbox"/> Employed (Full-time/Temp/Casual) <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed (Part-time/Temp/Casual) <input type="checkbox"/> Employed (Part-time/Permanent) <input type="checkbox"/> In training/Education <input type="checkbox"/> Self-Employed					
Current Employer (Business/Organization):			Employer Telephone Number: ()		
Employer Address:					
Recent Employment History: <i>Please list most recent employment first.</i>					
COMPANY NAME	JOB TITLE	DUTIES	FULL-TIME/ PART-TIME	REASON FOR LEAVING	PERIOD OF EMPLOYMENT
			<input type="checkbox"/> FT Perm <input type="checkbox"/> FT Temp <input type="checkbox"/> PT Perm <input type="checkbox"/> PT Temp		From (MM - YYYY) To (MM - YYYY)
			<input type="checkbox"/> FT Perm <input type="checkbox"/> FT Temp <input type="checkbox"/> PT Perm <input type="checkbox"/> PT Temp		From (MM - YYYY) To (MM - YYYY)
			<input type="checkbox"/> FT Perm <input type="checkbox"/> FT Temp <input type="checkbox"/> PT Perm <input type="checkbox"/> PT Temp		From (MM - YYYY) To (MM - YYYY)
Are you willing to move for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Reasons:					
Are you willing to move for training? <input type="checkbox"/> Yes <input type="checkbox"/> No Reasons:					

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ELIGIBILITY AND FUNDING DETERMINATION

Are you currently claiming Employment Insurance (EI) Benefits? Yes No

NOTE: If you checked "Yes", please identify benefit type and start date:

Regular Parental Sick Special

Start Date: _____
(MM-YYYY)

DRIVER'S LICENSE

Do you have a valid driver's license? Yes No

What type (class) of license is it?

- | | |
|--|---|
| <input type="checkbox"/> Class 1: Tractor Trailer Rigs | <input type="checkbox"/> Class 5: Medium and small motor vehicles up to 11,000 kg |
| <input type="checkbox"/> Class 2: Buses exceeding 24 passengers | <input type="checkbox"/> Class 6: Motorcycle |
| <input type="checkbox"/> Class 3: Single bodied motor vehicles exceeding 11,000 kg | <input type="checkbox"/> Class 7: Learner's permit |
| <input type="checkbox"/> Class 4: Medium and small taxicab/ ambulance | |

Do you have your airbrakes endorsement? Yes No

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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