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

Canada

## ADULT LEARNING AND TRAINING SUPPORTS (ALTS) OVERVIEW APPLICATION PACKAGE

### ALTS PROGRAM INFORMATION

Eligible Clients may access a variety of services, including financial and career counselling, that will ultimately reduce their barriers to employment.

**Please Note:** Students must apply thirty (30) days prior to the course start date!

- Clients are encouraged to make contributions and commitments to their training/employment plan;
- All adult residents are eligible to receive assistance from CDOs;
- CDOs use a Client-centered approach
- Clients are approved for sponsorship based on funding eligibility requirements and their personal case history as well as an assessment completed by the CDO;
- Only those Clients who meet the program criteria and are deemed eligible will receive funding;
- Funding for full-time attendance in education and training programs is supported at different levels;
- Client sponsorship is an agreement between the Client and the Department of Family Services and both parties have responsibilities related to this agreement;
- Client supports are both an opportunity and a privilege;
- Funding available for sponsorship is limited; and
- Program priorities may shift from year-to-year based on changes in the labour market and on annual priorities established by the Department.

#### 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 1260, 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





## 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					

## EMPLOYMENT HISTORY

Current Employment Status

Employed (Full-time/Permanent)   
  Employed (Full-time/Temp/Casual)   
  Unemployed  
 Employed (Part-time/Temp/Casual)   
  Employed (Part-time/Permanent)   
  In training/Education  
 Self-Employed

Current Employer (Business/Organization): \_\_\_\_\_ Employer Telephone Number: \_\_\_\_\_  
(    )

Employer Address: \_\_\_\_\_

**Recent Employment History:** *Please list most recent employment first.*

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?  Yes  No  
Reasons: \_\_\_\_\_

Are you willing to move for training?  Yes  No  
Reasons: \_\_\_\_\_

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

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## DRIVER'S LICENSE

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

What type (class) of license is it?

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

Do you have your airbrakes endorsement?  Yes  No

## TRAINING OR PROGRAM INFORMATION

Program Name	Program Start Date: _____ (MM-DD-YYYY)	Program End Date: _____ (MM-DD-YYYY)
Institution Name	Program Location	

## SPONSORSHIP SUPPORT REQUEST

Check the support categories that you will require while you attend your education or training program.

- Living Away from Home Allowance (Maximum allowable amount: \$700.00/month)**  
*\*Assistance for eligible homeowners/leasing etc, while paying for an additional residence during training. Mortgage or rental agreement required.*
- Disability Assistance**  
*\*Assistance to purchase assistive devices/equipment or accommodations to support disabled individuals in completing their training.*
- Books (Maximum allowable amount: \$500.00/intervention)**  
*\*Assistance to purchase educational materials. Receipts required for reimbursement.*
- Special Equipment (Maximum allowable amount: \$500.00/intervention)**  
*\*Assistance to purchase training equipment. Receipts required for reimbursement.*
- Childcare (Maximum allowable amount: \$700.00/month)**  
*\*Childcare assistance for trainees. Receipts required for reimbursement.*
- Weekly Training Allowance**  
*\*Financial Support for living expenses while attending training.*
- Tutoring**  
*\*Assistance for tutoring costs. Receipts required for reimbursement.*
- Travel Assistance to Training Location**  
*\*Return airfare for client only.*
- Tuition**

## 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)

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

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## DESCRIPTION OF SUPPORTS REQUESTED

To the best of your ability, please identify what disability related support(s) you require.

**Requested Support:**

How will the support(s) requested assist you with training?

Have you received disability training support(s) before? If so, when?

## BUDGET

Please describe in the table below what support you are requesting, how long the support is needed, and the total cost of each support identified (if applicable). If you are unaware of the total cost of the support, assistance can be provided to you. Please provide a quote with this application if applicable.

	Description of support requested	Duration of support	Cost of support			
			Quantity	Cost per Unit (A)	Shipping Cost (B)	Total Cost (A+B)
1.						
2.						
3.						
4.						
5.						
<b>Total Cost of Support (s) Requested</b>						<b>\$</b>

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

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