



P.O. Box 709, Rankin Inlet, NU X0C 0G0 – PH: (867) 645-2122, FAX: (867) 645-2170  
Toll Free: 1 (866) 880-8809

**Please circle one you need help with:**      Job Search                  Career Planning                  Other  
Work Experience                  Employment Training

**Course Name:** \_\_\_\_\_ **Name of School:** \_\_\_\_\_

**Course Start Date:** \_\_\_\_\_ **Course End Date:** \_\_\_\_\_

Check one that applies to you:

1<sup>st</sup> Year     2<sup>nd</sup> Year     3<sup>rd</sup> Year     4<sup>th</sup> Year    **Course Location:** \_\_\_\_\_

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**PLEASE PRINT CLEARLY. PERSONAL INFORMATION:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Community:** \_\_\_\_\_ **Province/Territory:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Gender:**     Female     Male                  **Date of Birth:** \_\_\_\_\_

**SIN N°:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                  **Inuit Beneficiary N°:** \_\_\_\_\_  
(Please include photocopy of card)

**Driver's License N°:** \_\_\_\_\_                  **Class N° of License:** \_\_\_\_\_

**Photo/General ID?**     Yes     No                  **Home Phone N°:** \_\_\_\_\_

**Cell Phone N°:** \_\_\_\_\_                  **Work Phone N°:** \_\_\_\_\_

**Fax N°:** \_\_\_\_\_                  **E-Mail:** \_\_\_\_\_

**Emergency Contact:**    **Name/Number:** \_\_\_\_\_

**Please check one. Are you a resident of the Kivalliq Region? If not, how long?**

Yes     No                  |                  **N° of Years:** \_\_\_\_\_

If you currently do not reside in the Kivalliq Region then when was the last time?

**Date:** \_\_\_\_\_                  **Location:** \_\_\_\_\_

Do you have any disabilities? If yes, please specify:

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Are you going away from your home community for training?  Yes  No

Check one that applies to you. Status before training:

Employed  Unemployed  Income Support

Receiving EI If yes, Start date? \_\_\_\_\_

Have you received EI the last 3-5 Years? \_\_\_\_\_

**Family Status:**

Single  Married  Common Law

Information of Spouse:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse working? If yes, please include VOI.  Yes  No

Applying for sponsorship through Kivalliq Partners as well?  Yes  No

If you have a child (ren) together and both applying for sponsorship then **ONLY** one may claim for the child (ren).

Will **you** be living with and supporting child/children?  Yes  No

**Name                                  Date of Birth (DD/MM/YYYY)                                  Relationship**

*Dependent(s) – Must be living with you; must be under the age of 18*


Do you require dependant care financial assistance?  Yes  No

**Please note that your partner cannot be listed as a childcare provider**

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**Education:**

Last high school attended or currently attending

High School Name: \_\_\_\_\_

Highest Grade Completed and Year: \_\_\_\_\_

Community: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

**Trades Information:**

<u>Trade</u>	<u>Level</u>	<u>Year's Experience</u>
- _____		
- _____		

**Post-Secondary Education:**

Please provide the **last two program, courses, or training** you've attended if applicable

Name of Institution: \_\_\_\_\_

Program: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Did you complete the program? If not, please provide the reason.

Yes       No      | Why not? \_\_\_\_\_

Were you sponsored? If yes, please provide information.

Yes       No      | Name of Funding Agency: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Program: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Did you complete the program? If not, please provide the reason.

Yes       No      | Why not? \_\_\_\_\_

Were you sponsored? If yes, please provide information.

Yes       No      | Name of Funding Agency: \_\_\_\_\_

Have you applied to another funding agency for the course you are currently applying for? If yes, please provide information on the other agency.

Yes       No      | Name of Funding Agency: \_\_\_\_\_

Have you ever been sponsored by our organization? If yes, please provide information.  Yes  No

Program: \_\_\_\_\_ Location: \_\_\_\_\_

Did you complete it? If not, please provide a reason.

Yes  No | Why not? \_\_\_\_\_

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**Employment History:**

Please provide a resume as well.

Name of Current or Last Employer: \_\_\_\_\_

What is, or was, your job position? \_\_\_\_\_

Dates Employed: Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YY DD MM YY

Still working? If not, please provide reason for leaving.

Yes  No | Why? \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Job Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YY DD MM YY

Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Job Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YY DD MM YY

Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Job Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YY DD MM YY

Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Job Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YY DD MM YY

Reason for Leaving: \_\_\_\_\_

**GOALS TO ACHIEVE LONG TERM EMPLOYMENT**

<p><b>Reason for Coming to Career Centre: What are you hoping to accomplish?</b></p>	
<p><b>Transferable Skills</b></p> <p>What Skills/Abilities Can you transfer to a career?</p> <p>What areas of your current job past work did you enjoy?</p>	

<p><b>Barriers to long-term employment:</b></p>	<ul style="list-style-type: none"> <li>○ Lack of labor force attachment</li> <li>○ Lack of work experience</li> <li>○ Lack of transportation</li> <li>○ Remoteness</li> <li>○ Language</li> <li>○ Education</li> <li>○ Economic</li> <li>○ Dependent care</li> <li>○ Lack of marketable skills</li> <li>○ Physical, emotional or mental health</li> <li>○ Other, please indicate:</li> </ul>
<p><b>Employment Goal</b></p> <p>What is your immediate career goal?</p> <p>What is your long-term career goal?</p>	
<p><b>Training and Education Goal:</b></p>	

If your application for sponsorship were to be approved we require banking information so training allowance can be deposited directly into your account. Please provide the information if you can.

Name of Bank: \_\_\_\_\_ Transit N°: \_\_\_\_\_ Acct N°: \_\_\_\_\_

**IF BANKING INFORMATION IS NOT PROVIDED THEN CHEQUES WILL BE MAILED TO THE ADDRESS PROVIDED**

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**In order for your application to be processed, the following list below should be provided.**

- 1. Letter of Acceptance**
- 2. Letter of Interest/Intent (reason why you would be a great applicant to sponsor)**
- 3. Copy of Resume**
- 4. Transcripts from previous program/course (if not, high school transcripts)**
- 5. Tuition & Textbook Costs**

**DECLARATION & AUTHORIZATION TO RELEASE INFORMATION:**

1. I certify that the information given above is true, correct, completed, and understand that it may be subject to verification. I hereby authorize Human Resource Development Canada to release information about the status and benefit rate of Employment Insurance claim to Kivalliq Partners to determine my eligibility for the program and/or for alternative income support. This authorization will remain **UNLESS** I have given written instruction to cancel authorization.
2. You may have access to information (under the Access to Information Act) that we maintain about you and may request to see it upon one day's written notice of such a request. Be reminded that Kivalliq Partners in Development is merely a custodian of the information gathered on clients and that all information is the sole property of Human Resources Development Canada. You are **NOT** entitled to take possession of your file, but you may request to see, add, or change information therein.

SIN N°: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_