



Box 709, Rankin Inlet, NU, X0C 0G0 • Tel: (867) 645-2124, Fax: (867) 645-2170

Wage Subsidy Application

Program Information

For Trainees

And

Employers

Purpose:

The purpose of the Kivalliq Partners in Development Wage subsidy program is to provide a wage subsidy to employers to hire and train workers who are youth under the age of 30, and are unemployed or underemployed. The wage subsidy program is designed for the trainee to receive full time employment at the end of their training and or receive the necessary skills in a field of their choice that they can transfer into a full time career.

Eligible Trainers/Employers

- Any public sector, private sector, non-governmental, charitable or voluntary organization or employer may participate.
- Employers must be:
 - **Registered business operating as recognized legal entities in accordance with federal, territorial and local laws, by-laws and regulations.**
 - **Have been in operation for at least six months.**
 - **Provide a copy of their business licence and a copy of most recent insurance.**

Applications will be dealt with on a first come first served basis, as there is limited funding for this program.

Eligible Participants:

- Clients who are EI eligible (depending on allocated funds)
- Clients who aren't EI eligible (depending on allocated funds)
- Unemployed Youth under the age of 30
- Inuit Beneficiaries
- Kivalliq Residents (12 months or longer)

Wage subsidy Amounts:

Standard: Up to 60% to a max of \$15.00/hr.

Disabled: Up to 100% to a max of \$15.00/hr.

Employer information

Business Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Type of business: _____

Contact person: _____ Telephone: _____ Fax: _____

Contact Email address: _____

Have you accessed this funding before? Yes _____ No _____

Trainee Information:

Trainee position: _____

Purpose of trainee: _____

Trainer name: _____

Trainer's qualification: _____

(Include years and certifications of qualification)

Trainee's name: _____

Has the trainee been on a previous program: Yes _____ No _____

If yes; when and what organization did the training take place?

Dates of training: _____

Organization: Kivalliq Partners in Development _____ Dept of Education _____

Background of trainee:

Is the trainee an apprentice?: Yes: _____ No: _____

What level is the apprentice in: _____

Trainee wage/hour: _____ Hours per week: _____

Training Plan:

Describe in detail what the trainee will be learning during the time period in which you have identified in the training plan.			
Training dates	Topics	Training methods	Evaluation Methods

Training Facility:

Other funding sources:

Comments:

Trainee Information

Trainee information – Registration Details

Last name: _____ First name: _____

Gender: _____ M _____ F Date of birth (m/d/y) _____

Social Insurance Number: _____ Nunavut Health Care Number: _____

Nunavut Beneficiary card number: _____

Do you have a disability?

If yes, please provide details: _____

Ethnicity: _____ Inuit: _____ Aboriginal Non-Inuit: _____

Trainee Contact Information:

Permanent Mailing Address: _____ Community: _____

Postal Code: _____

Telephone: _____ Email: _____

Education and Training:

Grade level completed? _____ Year completed? _____

College/university? _____ Year completed? _____

Please list any post – secondary courses/programs that the trainee has taken:

Have you ever been a registered apprentice? _____

If yes, in what trade? _____

In what Province/Territory? _____

Red seal No. (If applicable) _____

What other job related skills do you have? _____

Do you have a driver's licence? _____ Class? _____ Air breaks endorsed? _____

Work/Employment History:

Please list most recent first			
Company Name:			
Job Title:			
Duties:			
Full-Time/Part-Time			
Reason for leaving			
Period of employment			
Weekly earnings			

Employer signature

Trainee signature

Date of application



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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 given written instruction to cancel the authorization.
2. You 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 may request to see, add or change information therein.

SIN #: _____

Trainee Name: _____ Signature: _____
(Please print)

Date: _____