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Building Nunavut Together
Nunavuliuqatigiingniq
Bâtir le Nunavut ensemble

Nunavut

Canada

APPLICATION A

EMPLOYMENT ASSISTANCE SERVICES APPLICATION

A - PERSONAL INFORMATION

Last Name	First Name	Middle Name(s)	
Social Insurance Number	Health Card Number	Date of Birth (YY-MM-DD)	Gender ☐ M ☐ F

Current Marital Status	Inuit Land Claims Beneficiary	Citizenship
☐ Single ☐ Married ☐ Common Law *(Living together for 12 continous months)*	☐ Yes ☐ No Card number: _____	☐ Canadian Citizen ☐ Permanent Resident ☐ Other (Explain): _____

Language(s) spoken: ☐ English ☐ French ☐ Inuktitut ☐ Innuinaqtun ☐ Other: _____

Language(s) written: ☐ English ☐ French ☐ Inuktitut ☐ Innuinaqtun ☐ Other: _____

B - CONTACT INFORMATION

Mailing Address		Email Address	
Community	Territory/Province	Postal Code	
Telephone ( )	Cell Number ( )	Work Number ( )	Fax Number ( )

C - SERVICES REQUESTED

What Employment Assistance Services are you seeking?

- ☐ Resume writing
- ☐ Job search
- ☐ Employment and Career Counseling
- ☐ Financial Supports to attend training*
- ☐ Apprenticeship**
- ☐ Self-Employment Option
- ☐ Other _____

* Note: If this service is requested consider completing an Adult Learning and Training Supports application.
** Note: If this service is requested consider completing an Apprenticehip or TQ application.

CLIENT DECLARATION AND CONSENT TO RELEASE PERSONAL INFORMATION

I, _____, hereby declare that:
PRINT NAME

1. The information contained in my application for assistance is complete, accurate and true, to the best of my knowledge.
2. I authorize and consent to the Nunavut Department of Family Services' release, sharing or verification of information about me and/or my spouse and/or my dependents to any agency, organization or other government department for the following purposes:
   a. Determining my initial and ongoing need, eligibility, or entitlement for programs or services, including financial assistance.
   b. Determining my status in participating, attending or making progress in programs and services; or
   c. Determining the results or outcomes from my participation or enrolment.

Signature	Date (YYYY-MM-DD)	Witness Signature	Date (YYYY-MM-DD)

www.gov.nu.ca

Return to: Your regional Career Development Officers

Qikiqtaaluk: 1-800-567-1514
Career Development
Box 204, Pangnirtung, NU X0A 0RO

Kivalliq: 1-800-953-8516
Career Development
Box 877, Rankin Inlet, NU X0C 0G0

Kitikmeot: 1-800-661-0845
Career Development
Box 20, Cambridge Bay, NU X0B 0C0