

# APPLICATION FOR AMAAQTAARNIQ EDUCATION PROGRAM

Please refer to the Amaaqtaarniq Guidelines and Applicant's checklist for additional information about the program and how to apply. This form can be completed electronically and then printed for the required signatures. It is available from Sivumuaqatigiit Division of HR.

# PART I. TO BE COMPLETED BY APPLICANT

Last name:	First name:	Nunavut Inuk	Male
		Inux	Female
Community:	Department:	Division:	
Position Title:	Position Number:	Pay Range:	
		Step:	
Start date in Current Position:	Email:	Phone Number:	
(MM/YYYY)			
Employment: Indeterminate	Term	Casual	

## A. Personal Identification

### **B. Employment History**

Continuously Employed with the Government of Nunavut since:

(MM/YYYY)

Previous Positions in the Government of Nunavut:

Other Relevant Employment:

# C. Education History

Secondary School Completion Date:	(MM/YYYY)
Post Secondary Education: Diplomas, Degrees (Please describe)	Special Certification or Licences: (Please describe)
Have you received Education Leave thro	ugh the GN/NWT in the past?
Yes No	
If yes, please describe the program, the when it was taken.	duration, the sponsoring Department, and

# D. Training and Development History

Please describe any training programs you've completed and career development activities you've participated in.

Course/Program/Activity Name	Date (YYYY)

E. Position of Interest (Target Positio
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Which hard-to-fill or specialist position/career path in the GN are you interested in?

Have you participated in job shadowing of the position/career path?

If yes, please provide dates and which department and division.

If no, are you familiar with the scope of the position's responsibilities?

What are the educational requirements for the position/career path?

### F. Request for Amaaqtaarniq Leave

<b>Program of Study</b> (Please provide the name of the program and a brief description here, and <b>attach a program outline or syllabus from the educational institution)</b>			
	-		-
Educational Institution			
Location			
Term of Leave:			
Start date:	End date:	Duration:	(# years)
(MM/YYYY)	(MM/YYYY)		
(	(		

Upon completion	you will earn:		
Degree	Diploma	Licence	Certification
A			
Are there other in	istitutions that offe	r the same program o	f study?
Yes	No		
If yes, what are ye	our reasons for cho	osing the institution	that you did?
<b>.</b>		0	

# G. Financial Assistance Request

Amaaqtaarniq Education Program provides an annual allowance that is equivalent to your current base salary. In addition, the program will cover the actual costs of your education. Please provide the cost of the financial assistance you will need and **attach supporting documentation for the totals below.** 

Estimated Education Costs (Tuition, books, student fees, etc)	\$
Estimated Travel Costs (see Guidelines for # trips)	\$
Estimated Relocation Costs	\$

### H. Additional Comments

Please provide any additional information that you feel is relevant to your application or that you would like the Review Committee to consider when reviewing this application.

### I. Applicant Declaration

I certify that the information provided is, to the best of my knowledge, true and accurate and that I have read and understood the Amaaqtaarniq Education Program Guidelines.

Applicant's Signature:

Date:

(dd/mm/yyyy)

## PART II. TO BE COMPLETED BY DIRECTOR IN TARGET DEPARTMENT

#### A. Department Training Plans

How will the skills and knowledge gained by the applicant during this program of study help in filling specialist or hard to fill positions in your Department?

How will this program of study enhance the public service career path of the applicant?

Will this course of study support the Department's Inuit Employment Plan? Yes No

If yes, please provide details.

#### **B.** Additional Comments

After you have reviewed this application, please provide any additional information that you think is relevant and that you would like the Review Committee members to consider when they review the application.

#### C. Recommendation

I recommend this Amaaqtaarniq Education Leave application for approval:	
Name:	Position Title:
Signature:	Date: (yyyy/mm/dd)

## PART III TO BE COMPLETED BY APPLICANT'S CURRENT SUPERVISOR

## A. Capacity

What steps will be taken to ensure that operational requirements will be met when the employee goes on Amaaqtaarniq leave?

### **B.** Additional Comments

After you have reviewed this application, please provide any additional information that you think is relevant and that you would like the Review Committee members to consider when they review the application.

### C. Recommendation

I recommend this Amaaqtaarniq Education Leave application for approval:		
Supervisor:	Director (if different than supervisor):	
Name:	Name:	
Position Title:	Position Title:	
Signature:	Signature:	
Date: (yyyy/mm/dd)	Date: (yyyy/mm/dd)	

# ATTACHMENTS

After completing the application and getting the necessary signatures, please submit along with the following attachments:

- An up-to-date resume
- Program curriculum
- Detailed information to support financial estimates
- Any other information you would like the review committee to consider as it reviews your application.