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

# Canada-Nunavut Job Grant INFORMATION PACKAGE FOR EMPLOYERS

## OVERVIEW

### PART 1 - EMPLOYER

(To be filled out by employer)

### PART 2 - TRAINEE

(To be filled out by individual trainees and returned to employer. \* Make application copies as needed if there are multiple trainees.)

If you have any questions, please contact your local Career Development Officer (CDO). S/he will direct you to the Career Development Program Development and Delivery Specialist.



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## Canada-Nunavut Job Grant **OVERVIEW**

The Canada-Nunavut Job Grant (CNJG) program provides eligible employers with a maximum grant of \$10,000 to support their employees in training that will increase their job opportunities. The program is designed to assist Nunavummiut in obtaining and retaining better jobs.

### PROGRAM OBJECTIVES

To support the training of Nunavummiut for new and available jobs and to encourage greater employer involvement in training so that skill development is better aligned to job opportunities.

### ELIGIBLE EMPLOYERS

The CNJG is designed for small employers (50 or fewer employees) and designated Crown Corporations and Inuit Organizations who wish to target training initiatives for trainees from small remote communities.

Employers are eligible for the CNJG if they meet the following criteria. **They must:**

- be registered in and local to Nunavut;
- have a position available for the designated trainee to advance in to after training;
- contribute at least one-third of the total eligible training expenses (For small employers 50% of this one-third can be wages/wage replacement).

Organizations acting on behalf of employers with 50 or fewer employees may apply for the grant.

### TRAINING

Training may be delivered in a variety of settings provided it is delivered by an institution recognized by the CNJG program, including universities, community colleges, career colleges, trade union training centers and other approved accredited institutions.

The intent of this grant is not to subsidize regular operational training. Rather, the intent is to support training that would not have otherwise occurred without the grant opportunity.

### ELIGIBLE TRAINING EXPENSES

Training expenses can include tuition fees or fees charged by training provider; mandatory student fees; textbooks, software and other required materials; and examination fees.

### ELIGIBLE TRAINEES

Trainees must be employed with the eligible employer for CNJG and require further training to increase their job advancement opportunities. Expected employment outcomes for trainees could be a new position, a promotion and/or increased pay within the organization.

**For more information on the Canada-Nunavut Job Grant program or to access an application package, contact your local Career Development Officer or visit [gov.nu.ca](http://gov.nu.ca).**



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# Canada-Nunavut Job Grant PART 1 - EMPLOYER

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

## 1 - EMPLOYER INFORMATION

Business Name																							
Business Mailing Address																							
Community	Territory/Province	Postal Code																					
Business Telephone ( )	Business Fax ( )	Type of Business																					
<b>Contact person</b>																							
Last Name	First Name	Position/Title																					
Telephone ( )	Fax ( )	Email Address																					
How many employees does your organization currently have? <i>(Please provide supporting payroll documentation)</i>																							
Organization Sector <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Agriculture, forestry, fishing and hunting</td> <td><input type="checkbox"/> Real estate and rental and leasing</td> <td><input type="checkbox"/> Retail trade</td> </tr> <tr> <td><input type="checkbox"/> Mining, quarrying, and oil and gas extraction</td> <td><input type="checkbox"/> Professional, scientific and technical services</td> <td><input type="checkbox"/> Finance and insurance</td> </tr> <tr> <td><input type="checkbox"/> Utilities</td> <td><input type="checkbox"/> Management of companies and enterprises</td> <td><input type="checkbox"/> Arts, entertainment and recreation</td> </tr> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Waste management and remediation services</td> <td><input type="checkbox"/> Accommodation and food services</td> </tr> <tr> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Educational services</td> <td><input type="checkbox"/> Public administration</td> </tr> <tr> <td><input type="checkbox"/> Wholesale trade</td> <td><input type="checkbox"/> Health care and social assistance</td> <td><input type="checkbox"/> Other services</td> </tr> <tr> <td><input type="checkbox"/> Transportation and warehousing</td> <td><input type="checkbox"/> Information and cultural industries</td> <td></td> </tr> </table> <p>If you are unsure about your sector, see <a href="http://www.naics.com">www.naics.com</a></p>			<input type="checkbox"/> Agriculture, forestry, fishing and hunting	<input type="checkbox"/> Real estate and rental and leasing	<input type="checkbox"/> Retail trade	<input type="checkbox"/> Mining, quarrying, and oil and gas extraction	<input type="checkbox"/> Professional, scientific and technical services	<input type="checkbox"/> Finance and insurance	<input type="checkbox"/> Utilities	<input type="checkbox"/> Management of companies and enterprises	<input type="checkbox"/> Arts, entertainment and recreation	<input type="checkbox"/> Construction	<input type="checkbox"/> Waste management and remediation services	<input type="checkbox"/> Accommodation and food services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Educational services	<input type="checkbox"/> Public administration	<input type="checkbox"/> Wholesale trade	<input type="checkbox"/> Health care and social assistance	<input type="checkbox"/> Other services	<input type="checkbox"/> Transportation and warehousing	<input type="checkbox"/> Information and cultural industries	
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<input type="checkbox"/> Transportation and warehousing	<input type="checkbox"/> Information and cultural industries																						

## 2 - TRAINING INFORMATION

\*ATTACH ADDITIONAL SHEETS AS NECESSARY.

Training provider/institution <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Trade/technical institute <input type="checkbox"/> Union hall <input type="checkbox"/> Private trainer <input type="checkbox"/> Other: _____																		
Name of institution	Institution contact (   )																	
Type of training	Training Delivery <input type="checkbox"/> Workplace <input type="checkbox"/> Online <input type="checkbox"/> Classroom <input type="checkbox"/> Combination <input type="checkbox"/> Other (specify): _____																	
Certification to be received through training	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Training Start Date - YY-MM-DD									<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Training End Date - YY-MM-DD								
Trainee's Name																		
Is the trainee an apprentice? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", at what apprentice level : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																		
Trainee Wage/hour (if paying wages while training - payroll documentation required) \$	Training hours per week																	
Expected employment result <input type="checkbox"/> Promotion <input type="checkbox"/> New position <input type="checkbox"/> Increased capability for current job <input type="checkbox"/> Increased pay for current job																		

### OPTIONAL - ADDITIONAL TRAINEES

Training provider/institution <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Trade/technical institute <input type="checkbox"/> Union hall <input type="checkbox"/> Private trainer <input type="checkbox"/> Other: _____																		
Name of institution	Institution contact (   )																	
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All sections are mandatory - Place a dash or line through boxes that do not apply to you.



# Canada - Nunavut Job Grant FUNDING

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

## 1 - TRAINING COST PER TRAINEE

FOR MORE THEN 5 TRAINEES, ATTACH SEPERATE SHEET

TRAINEE		ESTIMATED TOTAL TRAINING COST PER TRAINEE
1		
2		
3		
4		
5		
<b>ESTIMATED TOTAL TRAINING COSTS</b>		

I understand that the Government of Nunavut will reimburse two-thirds of the total eligible training costs per trainee up to a maximum of \$10,000 and \_\_\_\_\_ is responsible for one-third of the training costs (For small employers 50% of this one-third can be wages/wage replacement).

Organization Name

\_\_\_\_\_ authorize and consent to the Government of Nunavut, Department of Family Services to release, share, or verify information about my organization with Employment and Social Development Canada.

Applicant

Signed

Application Date

OFFICE USE ONLY

Date received		Initials	
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Canada-Nunavut Job Grant  
**PART 2 - TRAINEE**

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

**1 - PERSONAL INFORMATION**

Mr.    Ms.    Mrs.

Last Name	First Name																		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Date of Birth - YY-MM-DD																		
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Nunavut Health Card Number									<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Social Insurance Number										
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law ( <i>Living together for 12 continuous months</i> )																			
Check if you have children and/or custody of children: <input type="checkbox"/>																			
Are you an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check which best describes you now: <input type="checkbox"/> Inuit <input type="checkbox"/> First Nations <input type="checkbox"/> Métis																			
Inuit Land Claims Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No   Card Number: _____																			
Indicate your citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Recent immigrant (within five years) <input type="checkbox"/> Other: _____																			
Do you self-identify as a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Language(s) <u>spoken</u> : <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> Other: _____																			
Language(s) <u>written</u> : <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> Other: _____																			

**2 - CONTACT INFORMATION**

Mailing Address		Email Address	
Community	Territory/Province	Postal Code	
Telephone (   )	Cell Number (   )	Work Number (   )	Fax Number (   )
Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Telephone			

### 3 - PREVIOUS EDUCATION AND TRAINING

Please indicate the highest grade level completed:

- |   |   |                                  |   |                                   |                                   |                                   |
|---|---|----------------------------------|---|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> No formal education          |   |                                  |   |                                   |                                   |                                   |
| <input type="checkbox"/> Grade 1                      | <input type="checkbox"/> Grade 2                      | <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 4                        | <input type="checkbox"/> Grade 5  | <input type="checkbox"/> Grade 6  |                                   |
| <input type="checkbox"/> Grade 7                      | <input type="checkbox"/> Grade 8                      | <input type="checkbox"/> Grade 9 | <input type="checkbox"/> Grade 10                       | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Grade 12 | <input type="checkbox"/> Grade 13 |
| <input type="checkbox"/> One year vocational training | <input type="checkbox"/> Two year vocational training |                                  | <input type="checkbox"/> Three year vocational training |                                   |                                   |                                   |
| <input type="checkbox"/> One year industrial training | <input type="checkbox"/> Two year industrial training |                                  | <input type="checkbox"/> Three year industrial training |                                   |                                   |                                   |
| <input type="checkbox"/> One year post secondary      | <input type="checkbox"/> Two year post secondary      |                                  | <input type="checkbox"/> Three year post secondary      |                                   |                                   |                                   |
| <input type="checkbox"/> BAC (Bachelor's Degree)      | <input type="checkbox"/> MAS (Master's Degree)        |                                  | <input type="checkbox"/> Ph.D. (Doctorate)              |                                   |                                   |                                   |

### 4 - EMPLOYMENT INFORMATION

Where are you working?

Do you normally work 30 hours or more per week?  Yes  No

What is your hourly wage?

\$

Are you a permanent employee?  Yes  No

### CLIENT DECLARATION AND CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_, \_\_\_\_\_ hereby declare that:  
PRINT NAME SIN

1. The information contained in my application for assistance is complete, accurate and true, to the best of my knowledge.
2. I understand that false or misleading statement may result in legal action, criminal investigation, prosecution and in my eligibility to participate, the termination of my benefits and my repayment of benefits that I have already received.
3. I shall immediately notify the Department of Family Services should the circumstances of my eligibility or participation change.
4. I agree that if I have provided an email address this will be the primary means of communication with me regarding my program.
5. I agree to refund any financial assistance to which I am not entitled; and
6. 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.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Witness Signature