



Summer Employment for Nunavut Students (SENS) APPLICATION PACKAGE

MAY 1 - SEPTEMBER 1

EMPLOYER	PART 1 Completes "Employer Application", Summer Employment for Nunavut Students
STUDENT	PART 2 Completes "Student Application", Summer Employment for Nunavut Students

If you have any questions, please contact your regions career development office.

Return to: Your regional Career Development Offices

North Baffin: 1-800-567-1514 Career Development Box 204, Pangnirtung, NU X0A 0R0 northbaffincdo@gov.nu.ca South Baffin: 1-855-975-6580 Career Development Box 1000 Stn 1280, Iqaluit, NU X0A 0H0 southbaffincdo@gov.nu.ca

Kivalliq: 1-800-953-8516 Career Development Box 877, Rankin Inlet, NU X0C 0G0 kivalliqcdo@gov.nu.ca

Kitikmeot: 1-800-661-0845 Career Development Box 20, Cambridge Bay, NU X0B 0C0 kitikmeotcdo@gov.nu.ca



b⊃∩_J ___^{SC} ^P^{sb}<ʻ⊂⊲∩ʻ⊂≫^c Building *N_{unavut}* Together *Nunavu*Iiuqatigiingniq Bâtir le *Nunavut* ensemble

Canada

SUMMER EMPLOYMENT FOR NUNAVUT STUDENTS (SENS)

OVERVIEW

The Department of Family Services work experience program for high school and postsecondary students is called the Summer Employment for Nunavut Students (SENS) program.

PROGRAM OBJECTIVE

The program supports employers in the private and nongovernmental sectors as well as Hamlets who want to hire and train student to prepare them for future careers over the summer. The program provides up to 50% of the salary to a maximum of \$10/hour.

ELIGIBLE PARTICIPANTS (Trainees)

Student must be returning to school in the fall. Eligible students must have a Social Insurance Number.

Students or employers with questions may contact their Career Development Officer.

PLEASE NOTE:

- Program approval is subject to funding availability between May 1st and September 1st.
- Students must provide Proof of enrolment in school or post secondary via; letter of enrolment, from a principal or a letter of accemptance from Nunavut Arctic College.
- SENS applications must be submitted 30 days prior to the start date of work.
- Reimbursment to employers is based on the submission of payroll documents.
- Students must be 16 or older.

Return to: Your regional Career Development Offices

North Baffin: 1-800-567-1514 Career Development Box 204, Pangnirtung, NU X0A 0R0 northbaffincdo@gov.nu.ca South Baffin: 1-855-975-6580 Career Development Box 1000 Stn 1280, Iqaluit, NU X0A 0H0 southbaffincdo@gov.nu.ca

Kivalliq: 1-800-953-8516 Career Development Box 877, Rankin Inlet, NU X0C 0G0 kivalliqcdo@gov.nu.ca Kitikmeot: 1-800-661-0845 Career Development Box 20, Cambridge Bay, NU X0B 0C0 kitikmeotcdo@gov.nu.ca



Canada

Summer Employment for Nunavut Students (SENS)

PART 1 - EMPLOYER APPLICATION

EMPLOYER INFORMATION

Business's Legal Name	CRA Business Number	P.O. Box Number					
Community	Territory/Province	Postal Code					
Business Telephone	Business Cell	Email Address					
()	()						
Contact Person: Last Name	First Name	Position/Title					
Business Type							
Have you accessed this program before? Yes No							
If "Yes", what year?							
	(MM-DD-YYYY)						

TRAINING INFORMATION

Trainee Position

Why do you want a trainee? Please provide your rationale.

Trainer Name	Trainer's Qualifications				
Trainee's Name	Has this Trainee been in a previous program?				
Estimated Start Date: (MM-DD-YYYY)	Estimated End Date: (MM-DD-YYYY)				
Trainee Wage/Hour \$	Hours/Week				
Brief Background of Trainee	·				

Return to: Your regional Career Development Offices

North Baffin: 1-800-567-1514 Career Development Box 204, Pangnirtung, NU X0A 0R0 northbaffincdo@gov.nu.ca South Baffin: 1-855-975-6580 Career Development Box 1000 Stn 1280, Iqaluit, NU X0A 0H0 southbaffincdo@gov.nu.ca

Kivalliq: 1-800-953-8516 Career Development Box 877, Rankin Inlet, NU X0C 0G0 kivalliqcdo@gov.nu.ca Kitikmeot: 1-800-661-0845 Career Development Box 20, Cambridge Bay, NU X0B 0C0 kitikmeotcdo@gov.nu.ca

1/2

TRAINING PLAN

Use this as the format or as a guideline. Please add any other information that you may find relevant to your training plan.

Learning Objectives:

What skills, abilities and knowledge will the Student acquire and be able to demonstrate at the end of the training period?

Comments:

Signature of Employer Representative

Date (MM-DD-YYYY)

Name of Employer Representative (please print)

Return to: Your regional Career Development Offices

North Baffin: 1-800-567-1514 Career Development Box 204, Pangnirtung, NU X0A 0R0 northbaffincdo@gov.nu.ca South Baffin: 1-855-975-6580 Career Development Box 1000 Stn 1280, Iqaluit, NU X0A 0H0 southbaffincdo@gov.nu.ca

Kivalliq: 1-800-953-8516 Career Development Box 877, Rankin Inlet, NU X0C 0G0 kivalliqcdo@gov.nu.ca

 Kitikmeot: 1-800-661-0845

 Career Development

 Box 20, Cambridge Bay, NU X0B 0C0

 kitikmeotcdo@gov.nu.ca



Building Nunavut Together Nunavuliuqatigiingniq Bâtir le Nunavut ensemble

Canada

Summer Employment for Nunavut Students (SENS)

PART 2 - STUDENT APPLICATION

PERSONAL I	NFORMATI	ON _							
Last Name		First Name		Middle Name(s)	Gende				
							🗆 M	□F	□ Other
Social Insurance Number			Date of Birth		Nunavut Health Card Numbe	er			
				(MM-DD-YYY	Y)				
Family Type: Children in Household		b	□ No Children in Household		Number of Dependents:				
Marital Status:	□ Single	□ Ma	rried	Common La	aw				
Language(s) <u>spoken</u> :	English	🗆 Fre	ench	🗆 Inuktitut	🗆 Inuinnaqtun	n 🗆 Other:			
Language(s) <u>written</u> :	English	🗆 Fre	ench	🗆 Inuktitut	🗆 Inuinnaqtun	□ Other:			
Indigenous Identity:	🗆 Inuit	🗆 Fin	st Nation	□ Métis	□ NTI Card Nun	nber:			-
Citizenship:	Canadian	Permanent Resident		esident	□ Other (Explain	n):			-
Visible Minority:	□ Yes	🗆 No		Prefer not to	o report				
Immigrant:	□ Yes	🗆 No		Immigration ye	ear:				
Do you identify as having a disability? Yes No Prefer not to report (Examples include but not limited to: hearing, vision, or mobility impairment, learning disability, mental health difficulties, trauma history, motor skills									
or coordination difficulties,	attention difficulties,	sion, or n problems	with memory	nient, learning disa	ng difficulties, chronic	pain, other)	115		

All sections are mandatory - Place a dash or line through boxes that do not apply to you. **CONTACT INFORMATION** P.O. Box Number Territory/Province Community Postal Code Email Telephone (Home)) (Telephone (Cell) Telephone (Work) Preferred method of communication: ()) 🗆 Email 🗆 Mail Telephone (

Return to: Your regional Career Development Offices

North Baffin: 1-800-567-1514 Career Development Box 204, Pangnirtung, NU X0A 0R0 northbaffincdo@gov.nu.ca

South Baffin: 1-855-975-6580 Career Development Box 1000 Stn 1280, Iqaluit, NU X0A 0H0 southbaffincdo@gov.nu.ca

Kivalliq: 1-800-953-8516 Career Development Box 877, Rankin Inlet, NU X0C 0G0 kivalliqcdo@gov.nu.ca

Kitikmeot: 1-800-661-0845 Career Development Box 20, Cambridge Bay, NU X0B 0C0 kitikmeotcdo@gov.nu.ca

1/2

EDUCATION HISTORY

Highest level of education completed?			Place of Educa	Place of Education				
Name of Institution			End Date:	End Date:				
			-	(MM-DD-YYYY)				
List a	List any training or educational programs you have completed.							
	PROGRAM	INSTITUTION	LOCATION		START DATE MM - YYYY	GRADUATION DATE MM - YYYY		
1								
2								
3								
PARENT/GUARDIAN CONSENT								
If Under the Age of 18, the student must have approval by parent and/or guardian. Please sign and indicate the relationship.								

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

Relationship: _____

Signature:

CLIENT DECLARATION AND CONSENT TO RELEASE PERSONAL INFORMATION

PLEASE PRINT YOUR FULL NAME

SOCIAL INSURANCE NUMBER

_, hereby declare that:

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 statements may result in legal action, criminal investigation, prosecution and my ineligibility to participate, including the termination of my benefits and repayment of any benefits 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.
- 6. I authorize and consent to the Government of Nunavut releasing, sharing or verifying 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

Return to: Your regional Career Development Offices

North Baffin: 1-800-567-1514 Career Development Box 204, Pangnirtung, NU X0A 0R0 northbaffincdo@gov.nu.ca

South Baffin: 1-855-975-6580 Career Development Box 1000 Stn 1280, Iqaluit, NU X0A 0H0 southbaffincdo@gov.nu.ca

Kivalliq: 1-800-953-8516 Career Development Box 877, Rankin Inlet, NU X0C 0G0 kivalliqcdo@gov.nu.ca

Kitikmeot: 1-800-661-0845 Career Development Box 20, Cambridge Bay, NU X0B 0C0 kitikmeotcdo@gov.nu.ca

2/2