

VUNTUT GWITCHIN GOVERNMENT

Government of Vuntut Gwitchin First Nation

EDUCATION DEPARTMENT



P.O. Box 94,
Old Crow, Yukon
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TRAINING APPLICATION PACKAGE

SECTION 1

General Information

SURNAME		GIVEN NAME & INITIALS		
SIN#	STATUS #	MAILING ADDRESS		
PROVINCE		POSTAL CODE	AREA CODE & PHONE #	
EMAIL ADDRESS		DATE OF BIRTH (DD/MM/YY)		

Release Of Information

I hereby authorize the Vuntut Gwitchin First Nation, Service Canada, the Council of Yukon First Nations, Employment Assistance Contractors, training institutions and Post Secondary educational institutions to share information required for employment benefits & support measures.

Client Signature: _____ Date: _____

1.1 Are you eligible for, or currently in receipt of EI benefits? Yes___ No___

1.2 Please indicate the highest level of education you have completed:

___ Elementary ___ Grade 8-9 ___ Grade 10 ___ Grade 11
___ Grade 12

___ Vocational Training (provide details below)

___ College/University (provide details below)

VUNTUT GWITCHIN GOVERNMENT

Government of Vuntut Gwitchin First Nation

EDUCATION DEPARTMENT

- 1.3 Provide details of all training courses or programs that you have attended in the last 5 years:

Name of Course	Start Date (approx)	End Date (approx)	Course Completed (Y/N)	VGFN Sponsored (Y/N)

- 1.4 Indicate your last 3 periods of employment, starting with the most recent:
(Not required if you are attaching a current resume)

1) Company Name: _____ Job Title: _____
First Day of work (approx): _____ Last Day (approx): _____
Are you currently employed? ___Y___N Hours per Week: _____
Reason for leaving: _____

2) Company Name: _____ Job Title: _____
First Day of work (approx): _____ Last Day (approx): _____
Reason for leaving: _____

3) Company Name: _____ Job Title: _____
First Day of work (approx): _____ Last Day (approx): _____
Reason for leaving: _____

1.5 Is your occupational seasonal? ___Y___N
If Yes, what months do you usually work? _____
Usual rate of pay \$_____per_____ (hour/week/month/year)

- 1.6 Attach a copy of your current resume to this training package. If you do have a resume, or if resume is not up to date, please explain.

VUNTUT GWITCHIN GOVERNMENT

Government of Vuntut Gwitchin First Nation

EDUCATION DEPARTMENT

- 1.7 Do you have a full-time job offer on completion on your training? ___Y___N
If Yes, please provide the name, address and phone number of the employer.

SECTION 2

Job Search

It is the responsibility of each client to show that he/she has been actively seeking employment with his/her existing skills.

- 2.1 Provide specific details of the job search methods you have used with your current skills. Attach a copy of your job search list.

- 2.2 If you receive the training you are requesting, what would you say your potential for locating a full time job is:

___ Slim ___ Good ___ Excellent

Please explain.

VUNTUT GWITCHIN GOVERNMENT

Government of Vuntut Gwitchin First Nation

EDUCATION DEPARTMENT

2.3 Do you have any related experience or transferable skills in the occupation you are requesting training for? ____ Yes ____ No

If Yes, provide details below. If No, have you considered Job Shadowing or volunteering in this occupation? Provide details below. If you do any volunteering or Job Shadowing please provide documentation of this.

2.4 Please explain why this course is necessary for you to find employment, and how it will assist you in your career plan.

VUNTUT GWITCHIN GOVERNMENT

Government of Vuntut Gwitchin First Nation

EDUCATION DEPARTMENT

SECTION 3 Course Information

- 3.1** What is your short-term employment goal? (*I.e. If your course starts in 2 – 4 months, what types of employment will you be searching for in the meantime?*)

- 3.2** What is the name of the school/training institution you are planning to attend?

- 3.3** Provide the name of the course(s) you are intending to take to help you reach your goal.

VUNTUT GWITCHIN GOVERNMENT

Government of Vuntut Gwitchin First Nation

EDUCATION DEPARTMENT

- 3.4 What is the length of the course(s)? (Total weeks) _____
- 3.5 Start date _____ End Date _____
- 3.6 If you have already registered for this course please attach a copy of your “Acknowledgement of Registration” letter from the institution.
If you have been accepted into this course, attach a copy of your acceptance letter.
- 3.7 **Attach a detailed course outline to your training package.**

Additional Information

AFFIDAVIT

I hereby declare, that to the best of my ability, all information provided is completed and true. Furthermore, that any misleading or fraudulent information will disqualify me from obtaining this and other scholarships or funding that is offered by the Vuntut Gwitchin Government or its affiliates and subsidiaries.

I agree that if I am suspended, released or do not return for any portion of my program, or if for any unjustified reason, I do not complete my full training period, I will be required to reimburse the Vuntut Gwitchin Government the full amount of scholarship/funding support received, and I may not be considered for future assistance from the Vuntut Gwitchin Government or its affiliates and subsidiaries.

This is part of the Student Financial Assistance Policy, as stated in Section 6, “Termination of Assistance”.

Client Name: (print) _____

Client Signature: _____

VUNTUT GWITCHIN GOVERNMENT

Government of Vuntut Gwitchin First Nation

EDUCATION DEPARTMENT

Witness Name: (print) _____

Witness Signature: _____

Date: _____