







Kivalliq Employment and Training Forum

Forum Overview

The Kivalliq Employment and Training Action Plan (KETAP) working group is a group of experts from across the Kivalliq region who are coming together in October for 2.5 days to discuss priority factors (such as training, housing and childcare) influencing Inuit employment and entrepreneurship in the region.

The workshop comes off the heels of work that Sakku has been doing since 2020 on the Labour Market Needs in the Kivalliq region. The event will bring people from across the region, as well as youth representatives, with a final goal of creating a Kivalliq employment and training action plan.

FORUM DATES AND LOCATION

Dates: Tuesday October 3rd - Thursday October 5th , 2023 Location: Rankin Inlet, NU

TRAINING INCENTIVES

A daily training incentive, as well as breakfast and dinner per diem will be provided. Lunch will be included at each meeting.

PLEASE NOTE DUE TO THE LIMITED AMOUNT OF SEATS, PLEASE ENSURE YOU FILL OUT ALL SECTIONS OF THE APPLICATION FORM.

Return to: Your regional Career Development Office







Kivalliq Employment and Training Forum APPLICATION TO CHAPERONE FORM

PERSONAL INFORMATION			
Last Name	First Name		Ander Male Female Unspecified Prefer not to report
Social Insurance Number			Inavut Health Card Number
	(YYYY-MM-DD)		
CONTACT INFORMATION			
P.O. Box Number	Community		Territory/Province
Postal Code	Email		Telephone (Home)
Telephone (Cell)	Preferred method of communication:		
ACCOMODATIONS			
Choice of Accommodation Billet Hotel			
Billet Name:	House Number		
EMERGENCY CONTACT			
Name	Relation		
Telephone (Cell)	Telephone (Home)		Telephone (Work)
Do you have a current Criminal Record Check? YES or NO			
Do you have a current Vulnerable Sector Check? YES or NO			
If so, What is the expiry date of your current CRC/VSC			
Please attached a recent CRC and VSC along with this application.			YYYY-MM-DD

CLIENT DECLARATION AND CONSENT TO RELEASE PERSONAL INFORMATION

I,

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

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