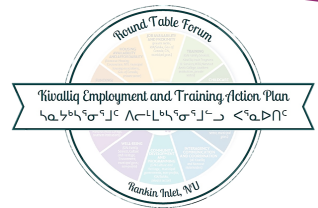




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Building *Nunavut* Together
Nunavut iuqatigiingniq
Bâtir le *Nunavut* ensemble



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.

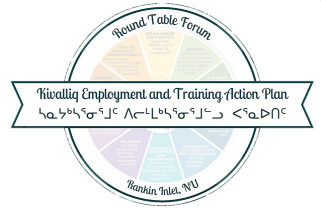
PLEASE NOTE DUE TO THE LIMITED AMOUNT OF SEATS, PLEASE ENSURE YOU FILL OUT ALL SECTIONS OF THE APPLICATION FORM.

Return to: Your regional Career Development Office

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



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Kivalliq Employment and Training Forum

APPLICANT CHECKLIST

Do you have a valid photo ID?

Yes

No

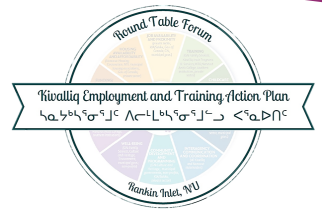
Please tell us why you would like to attend the Kivalliq Employment and Training Forum:

Return to: Your regional Career Development Office

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



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Kivalliq Employment and Training Forum APPLICATION FORM

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

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified <input type="checkbox"/> Prefer not to report
Social Insurance Number	Date of Birth (YYYY-MM-DD)	Nunavut Health Card Number	

CONTACT INFORMATION

P.O. Box Number	Community	Territory/Province
Postal Code	Email	Telephone (Home)
Telephone (Cell)	Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Telephone	

EDUCATION

Name of High School	Grade
----------------------------	--------------

ACCOMODATIONS

Choice of Accommodation <input type="checkbox"/> Billet <input type="checkbox"/> Hotel	
Billet Name	House Number

EMERGENCY CONTACT

Name	Relation	
Telephone (Cell)	Telephone (Home)	Telephone (Work)

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PARENT/GUARDIAN CONSENT

If Under the Age of 18, the participant must have approval by parent and/or guardian. Please sign and indicate the relationship.

Relationship: _____

Signature: _____

CLIENT DECLARATION AND CONSENT TO RELEASE PERSONAL INFORMATION

I, _____, _____, hereby declare that:
PLEASE PRINT YOUR FULL NAME SOCIAL INSURANCE NUMBER

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

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

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