

# VUNTUT GWITCHIN GOVERNMENT

Government of Vuntut Gwitchin First Nation

## EDUCATION DEPARTMENT



P.O. Box 94,  
Old Crow, Yukon  
Y0B 1N0

Phone: (867)966-3261  
Fax: (867)966-3800  
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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)

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- 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.

\_\_\_\_\_  
\_\_\_\_\_

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- 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.

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**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.

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

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<b>SECTION 3</b> <b>Course Information</b>
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- 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?)*

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

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

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- 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

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### 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: \_\_\_\_\_

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Witness Name: (print) \_\_\_\_\_

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

Date: \_\_\_\_\_