



## Yellowknives Dene First Nation

Box 2514, Yellowknife, X1A 2P8  
 Tel: 867-873-9037 Fax 867-669-9002  
 dechitanaowo@ykdene.com

# Dechita Naowo Program Application

The following information is required by YKDFN for funding purposes. All participants must complete this and forward to the Training Coordinator. This information is highly confidential and will be utilized to determine eligibility for YKDFN Dechita Naowo Programs.

**CONFIDENTIAL** (When completed)

### PROGRAM INFORMATION

Semester / Term:  Fall (July 15)  Winter (November 15)  Spring / Summer (March 31)  Other training

Training / program applying for:

Why are you interested in this training / program?

Start Date:

End Date:

### CONTACT INFORMATION

Last Name:

First Name:

Middle Name(s)/Initials:

Street Address:

PO Box:

City/Province:

Postal Code:

Home Phone:

Cell Phone:

Message Phone:

Email:

Emergency Contact Name:

Phone #:

### PERSONAL INFORMATION

Date of Birth:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 YYYY MM DD

Social Insurance Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_

Title:

Mr.  Ms.  Mrs.  Miss

Gender:

Female  Male

Marital Status:  Married or equivalent  Single

Separated  Divorced  Widowed

*If married or equivalent, spouse's name:*

Citizenship

Canadian  Permanent Resident  
 Other (explain)

Treaty Status Number

Health Care Card Number

Community

Aboriginal Group:

YKDFN Member  Inuit  Other First Nation, specify:

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**DEPENDENTS**

Name of Dependent(s)	Year of Birth	Relationship to You

**INCOME**

Employment Insurance Claimant	Child Care	Social Assistance
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an Employment Insurance Claimant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, claim type: _____ Number of weeks entitled: _____ Expected end date: _____	Do you need childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No Childcare Institution: <input type="checkbox"/> Assisted by family <input type="checkbox"/> Daycare or other, specify: _____	Are you currently on social assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently receiving any other funds? If yes, specify: _____

**HIGHEST LEVEL EDUCATION COMPLETED**

High school completed    Year \_\_\_\_\_    Highest grade \_\_\_\_\_    Province / Territory \_\_\_\_\_

**TRADES**

Trade	Level	Specialization	Years Experience

**CERTIFICATES**

Certification	Level	Registrar	Expiry Date

**LICENCE**

Class	Number	Province	Expiry Date

**LANGUAGES**

Preferred language:	Secondary language, specify (if other):
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BARRIER TO EMPLOYMENT	
<input type="checkbox"/> None	<input type="checkbox"/> Education
<input type="checkbox"/> Lack of labor force attachment	<input type="checkbox"/> Economic
<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Dependent care
<input type="checkbox"/> Lack of work experience	<input type="checkbox"/> Lack of marketable skills
<input type="checkbox"/> Language	<input type="checkbox"/> Physical, emotional, or mental health
<input type="checkbox"/> Remoteness	<input type="checkbox"/> Legally entitled to work in Canada
<input type="checkbox"/> Criminal record	<input type="checkbox"/> Other

EMPLOYMENT GOALS	
What are your career goals? List your future career goals:	
1.	3.
2.	4.
Are there employment opportunities in your area that match with your employment goals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you researched the career field you are interested in? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY		Start from most recent employment		
Start Date YYYY-MM-DD	End Date YYYY-MM-DD	Employer	Job Title	Reason for Leaving

<input type="checkbox"/> I GRANT my permission to Dechįta Nàowo to submit my contact information, training information and resume to: <input type="checkbox"/> Prospective future employees <input type="checkbox"/> Yellowknives Dene First Nation Human Resources Department
<input type="checkbox"/> I DO NOT grant my permission to Dechįta Nàowo to submit my contact information, training information, and resume to: <input type="checkbox"/> Prospective future employees <input type="checkbox"/> Yellowknives Dene First Nation Human Resources Department
<input type="checkbox"/> I GRANT my permission to Yellowknives Dene First Nation Human Resources Department to distribute my contact information, training information and resume to other agencies for employment.
<input type="checkbox"/> I DO NOT grant my permission to Yellowknives Dene First Nation Human Resources Department to distribute my contact information, training information and resume to other agencies form employment.

PARTICIPANT CONSENT TO RELEASE INFORMATION	
I, _____ the undersigned give my consent for YKDFN to release. (Participant Name)	
The Information contained in this form regarding my participation in a YKDFN Dechįta Nàowo Program to Service Canada. I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that may be used to determine my eligibility for future programs and provided to Service Canada for the evaluation and accountability of the Dechita Naowo program.	
_____	_____
Participant Signature	Date