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Administration régionale KATIVIK Regional Government
P.O. Box 9 KUUJJUAQ (QUÉBEC) CANADA J0M 1C0

Basic Individual Request for Funding

Section 1 - Identification of Training course

Course Title	Start Date	End Date	KRG File Number
			E T

Section 2 - Identification of the Participant

Last and first names according to birth certificate
Last name
First name
Date of birth Year Month Day

If you usually use a name other than the one on your birth certificate or if you use your spouse's last name or both last names, enter it/them
Last name
First name

Social Insurance Number
Sex ☐ Female ☐ Male

Marital status Single ☐ Married or common-law ☐ Separated ☐ Surviving spouse ☐
Are you a Canadian citizen ? Yes ☐ No ☐

Address with P.O. Box B O X # Community Postal Code -

Section 3 - Current situation

Are you employed ? ☐ Yes ☐ No **Is your spouse employed?** ☐ Yes ☐ No

If employed are you being paid by your employer during the training? ☐ Yes ☐ No

Employer Name and Occupation

If yes, specify the type of employment ☐ Full-time ☐ Part-Time (less than 30 hours) ☐ Self-Employed

Do you receive benefits? ☐ Yes ☐ No If Yes, specify which benefits

Are you the head of a single-parent family? ☐ Yes ☐ No

Does your state of health allow you to work ? ☐ Yes ☐ No If no, why not?

Do you have a physical, intellectual or mental disability? ☐ Yes ☐ No If yes, specify

Do you have dependants? ☐ Yes ☐ No If yes, how many?

If yes, for each one provide the following:

Name	Relationship	Date of birth Year	Mo.	Day	Choose one of the following: Daycare, Student or Babysitter	Reserved for KRG only
					+ Basic Training weekly allowance	
					Total	

Section 4 - Means of Payment - Direct deposit

To sign up for direct deposit (if applicable), YOU MUST submit a blank personal cheque for the account where the amounts are to be deposited, marked VOID.

Check this box if you do not want to sign up for direct deposit ☐

Section 5 - Understanding between the participant and KRG relating to attendance, consent and authorization.

Attendance: These funds are provided on the basis that you are expeceted to fully participate in and complete your training activity. In the event where you are eligible to Employment Insurance Benefits, these funds are subject to the EI Act and regulations. If you agree to participate, but do not, you may be disqualified from EI or KRG benefits or any other financial assistance if no good cause is provided. If you wish to withdraw from training, you must show good cause to do so. Under the EI Act, you may be imposed penalties if you knowingly make a false or misleading statement or if you fail to participate in or carry out the activity or if you are expelled from this activity.

Consent and authorization: I certify that the information given is true, correct and complete in every respect and understand that it may be verified. I will inform KRG of any change of circumstances or in the information I have provided and that I acknowledge that funding may be reduced as a result of these changes. I am also aware that under the EI act, I may be disqualified from insurance benefits and/or penalties can be imposed upon me for making false or misleading statements or for failing to participate in or carry out the above activities without good cause. Finally, as a participant in this activity, I understand the personal information concerning me will be collected and compiled for management purposes and may be shared with various government agencies.

Section 6 - Solemn affirmation

I solemnly affirm that the information provided on this application form is accurate and complete.
I agree to inform the Kativik Regional Government immediately of any change in this information.
I have read section 5 and understand its contents.

Date Signature

Reserved for KRG

Name of the Local Employment Officer who assisted in the completion of this form (if applicable)

Date received by the Student Project Officer Date the review was completed

Does the funding request meet the criteria for allowances ? ☐ Yes ☐ No

Recommended by Amount $ Date

Approved by Date