



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																							
												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		<input type="checkbox"/> Female			<input type="checkbox"/> Male													
Marital status		Single					<input type="checkbox"/>		Separated					<input type="checkbox"/>		Are you a Canadian citizen ?		Yes		<input type="checkbox"/>					
		Married or common-law					<input type="checkbox"/>		Surviving spouse					<input type="checkbox"/>				No		<input type="checkbox"/>					
Address with P.O. Box												Community										Postal Code			
												B O X #													

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			Choose one of the following: Daycare, Student or Babysitter
		Year	Mo.	Day	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+ 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 expected 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 ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommended by		Amount	\$ <input type="text"/>
Approved by		Date	



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

Complementary information for funding

Part 1 - Identification of the Participant

Last and first names according to birth certificate

Last name: _____

First name: _____

Date of birth: Year _____ Month _____ Day _____

Social Insurance Number: _____ Sex: ☐ Female ☐ Male

Part 2 - Education and Training Experiences

Level	# of Years Completed	Year you left school	Indicate any other training you may have received in addition to your regular schooling	Year the training took place
Elementary	_____	_____	_____	_____
Secondary	_____	_____	_____	_____
General	_____	_____	_____	_____
Vocational	_____	_____	_____	_____

Part 3 - Current level of academic progress determined by the KSB pedagogical counselor and/or adult education teacher.

Provide the results from the academic testing that was given to this participant, including the current level obtained:

Identify the subjects needed and the projected time needed for the participant to complete his/her secondary level studies:

Prepared by: _____ Title: _____ Date: _____

Part 4 - Objectives and Career Target

To be completed by the participant:

Why do you wish to complete this training? Use additional sheet if necessary

If applicable, once completed, do you intend to continue training or studies? ☐ Yes ☐ No

If yes, would you consider pursuing these studies: ☐ In the south? ☐ By correspondence or by internet? ☐ Other means?

What career would you like to consider? _____

How will this training help you attain this career? _____

Part 5 - Solemn affirmation

I solemnly affirm that the information provided in parts 1,2 and 4 on this request form is accurate and complete.
 I agree to inform the Kativik Regional Government immediately of any change in this information.

_____ 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 Client Relations Officer _____ Date the review was completed _____

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

Recommended by _____ Amount \$ _____ Date _____

Approved by _____ Date _____