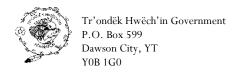


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SHORT-TERM TRAINING APPLICATION FORM

(For training courses less than 8 weeks in length OR part-time courses)

Town/City Territory/Province Date of Birth: (Month / Day / Year) Gender: SIN#: MARRIAGE Primary Phone: Email Address: Number of Dependents (not including Partner): *Please include proof of dependents with application* CSECTION B: EDUCATION HISTORY Education & Training interested in sharing	Last
Town/City Territory/Province Date of Birth:	
Town/City Territory/Province Date of Birth:	
Date of Birth: T (Month / Day / Year)	
Gender: SIN#: MARRIAGE Primary Phone: Alternate Phone:_ Email Address: Number of Dependents (not including Partner): *Please include proof of dependents with application* ESECTION B: EDUCATION HISTORY Education & Training interested in sharing SECTION C: EMPLOYMENT Are you currently Employed?	Postal Code
Gender: SIN#: MARRIAGE Primary Phone: Alternate Phone:_ Email Address: Number of Dependents (not including Partner): *Please include proof of dependents with application* ESECTION B: EDUCATION HISTORY Education & Training interested in sharing SECTION C: EMPLOYMENT Are you currently Employed?	Γr'ondëk Hwëch'in:
Primary Phone:Alternate Phone:_ Email Address: Number of Dependents (not including Partner): *Please include proof of dependents with application*	Status Non-Status
Email Address: Number of Dependents (not including Partner): *Please include proof of dependents with application* SECTION B: EDUCATION HISTORY Education & Training interested in sharing SECTION C: EMPLOYMENT Are you currently Employed?	STATUS:
Email Address: Number of Dependents (not including Partner): *Please include proof of dependents with application* CSECTION B: EDUCATION HISTORY Education & Training interested in sharing SECTION C: EMPLOYMENT Are you currently Employed?	
Number of Dependents (not including Partner): *Please include proof of dependents with application* CSECTION B: EDUCATION HISTORY Education & Training interested in sharing SECTION C: EMPLOYMENT Are you currently Employed?	
Please include proof of dependents with application	
Please include proof of dependents with application	
dependents with application* Comparison Comparison	
SECTION B: EDUCATION HISTORY Education & Training interested in sharing SECTION C: EMPLOYMENT Are you currently Employed?	D.O.B:
SECTION B: EDUCATION HISTORY Education & Training interested in sharing SECTION C: EMPLOYMENT Are you currently Employed?	D.O.B:
SECTION B: EDUCATION HISTORY Education & Training interested in sharing SECTION C: EMPLOYMENT Are you currently Employed?	
Education & Training interested in sharing SECTION C: EMPLOYMENT Are you currently Employed?	D.O.B:
SECTION C: EMPLOYMENT Are you currently Employed?	
Are you currently Employed?	
Are you currently Employed?	
Are you currently Employed?	
Are you currently Employed?	
Are you currently Employed?	
Are you currently Employed?	
	☐ Yes ☐ No
	☐ Yes ☐ No
Provide a brief description of your employment history:	
. To the description of your employment insterly:	



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SECTION D: COURSE INFORMATION

Course 1:		
Location:	Traveling in order to attend? ☐ Yes ☐ No	
Training Provider:		
Start Date: End Date:	: Cost:	
(M/D/Y) How will this training benefit you or assist	(M/D/Y)	
Course 2:		
Location:	Traveling in order to attend? ☐ Yes ☐ No	
Training Provider :		
Start Date: End Date:		
(M/D/Y) How will this training benefit you or assist	(M/D/Y)	
and that the financial assistance sought	IGN: is application to be true, correct and complete will be used solely for education pursuits. I or misleading information, I will be held liable. I	
will notify the Tr'ondëk Hwëch'in if I with funding under false pretenses, or I do not	ndraw from my course of studies. If I obtain c complete the studies that I have been funded eligible for future funding assistance, and I will	
	, give my consent for Tr'ondëk ined in this form, and authorize the sharing of tendance and outcomes regarding participation ikon First Nations and Service Canada.	
Student Signature	Date	
Parent Signature (applicant ui	nder 18) Date	