

**Skills Parachute & Short-Term
Funding Application**

Skills Parachute <ul style="list-style-type: none"> • Maximum of 5 days per program • Maximum cost of \$1,500.00 	Short-Term Funding <ul style="list-style-type: none"> • Minimum of 6 days in duration • Maximum of 11 weeks • Maximum cost is \$5,000.00
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ALL FIELDS ARE MANDATORY

PERSONAL INFORMATION:			
Name:		SIN:	
Address:		Telephone #:	
		E-mail:	
		Date of Birth:	
Gender:	Female	Marital Status:	Single
	Male		Married
	Non-binary Person		Other
No. of Dependents:		Age of Dependents:	
Preferred Language:	English		
	French		
	Other		
Are you a member of Qalipu First Nation?			Yes No
If no, do you identify as Indigenous?			Yes No
Do you have a disability?			Yes No
If yes, please specify:			
Are you currently employed?			Yes No
Are you currently in receipt of EI?			Yes No
Are you currently in school enrolled in another course?			Yes No

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If yes, are you being funded for this course?		Yes
		No
Highest Level of Education Attained:		
Grade Level Completed:		Year:
Post-Secondary Completed:		Year:

YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE IF THE FOLLOWING ARE NOT ATTACHED:
<ul style="list-style-type: none"> •Proof of membership in the Qalipu First Nation Band. Include one of the following: a copy of your Temporary Confirmation of Registration Document or a copy of your Secure Certificate of Indian Status (status card). If you are non-status but self-identify as an Indigenous person, please indicate on the application. •A written summary (not more than 250 words) of why you have chosen this short-term course of study and what your career goals are after completion of the Course of Study. •A document demonstrating that this new course would be beneficial in helping you find and maintain employment. This documentation could be a letter from an employer, job ad, trade union application, or some other document demonstrating labour market demand. •A detailed course cost, acceptance letter, start and end date from the institution. •Proof of all certifications pertaining to qualifications of employment must be included with application.

Please indicate any barriers you have to obtain and/or maintain employment:	
None	Education
Lack of Labour Force Attachment	Economic
Lack of Work Experience	Dependent care
Lack of Transportation	Lack of marketable skills
Remoteness	Physical, emotional, or mental health
Language	Other (please specify):

COURSE INFORMATION REQUEST			
Name of Training Institution:			
Location of Training Institution:			
Course Name:			
Duration of Course:			
Cost Per Course:		Book Cost per Course:	
Program Start Date:		Program End Date:	

DECLARATION

Signing this application gives Qalipu First Nation permission to share this information with Service Canada and Indigenous Service Canada. I acknowledge that the information in this application may also be used for public documents such as minutes, reports, board kits, newsletter, presentations, social media to promote this program.

I understand that Qalipu First Nation will contact me through e-mail and I understand that it is my responsibility to notify Education & Training if any of the above contact information changes.

I will notify Education & Training if any of the information in this application changes.

I understand that if I fail to submit confirmation of completion from the institution, I will be required to repay the amount paid to me.

I understand that I cannot begin the course without approval from Education & Training.

Signature of Applicant

Date of Application (Month/Day/Year)

Submit Applications To:

Education & Training
Attention: Yvonne MacDonald
P.O. Box 460
St. George's NL
A0N 1Z0

E-mail: ymacdonald@qalipu.ca

For more information, please call: 1-709-647-3514