

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

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

<b>PERSONAL INFORMATION:</b>			
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:

**Please state your employment goals:**

**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):

<b>COURSE INFORMATION REQUEST</b>			
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.**

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Signature of Applicant

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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](mailto:ymacdonald@qalipu.ca)

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