

Workplace Safety Training Initiative

All Fields are Mandatory – Please Print Clearly

PERSONAL INFORMATION		
Applicant Name		
Date of Birth (MM –DD -YYYY)		SIN
Phone Number:	Email Address	
Gender Male Female Other:_____	Preferred Language English French Other:_____	
PERMANENT ADDRESS		
Address		
City	Province	Postal Code
INDIGENOUS BACKGROUND		
Are you a member of Qalipu Mi'kmaq First Nation Band? Yes No	If YES , please provide your SCIS Card Number: _____	
	If NO , are you of Indigenous ancestry? Yes, Specify:_____ No	
CURRENT EMPLOYMENT STATUS		
Are you employed? If YES , complete questions 1-3. Yes No		
1. Currently employed full-time or part-time? Full-time Part-time	2. Average number of hours of work per week: _____	
3. Is this summer or seasonal employment? Yes No		
PREVIOUS TRAINING		
Please select all training which you have previous completed:		
Forklift Operations and Safety	Interview Skills	
Back Injury and Prevention	Introduction to Online Applications	
Fire Safety and Extinguisher Training	Food Safety	
Occupational Health and Safety Committee	Standard First Aid	Expiry:_____

IMPORTANT APPLICATION INFORMATION

- **Entrance Requirements:** Eligible participants include Status Members of Qalipu First Nation or Self-Identifying Individuals
- The program will consist of 9 days of training between November 1-15, 2021.

Location of Training: Grand Falls-Windsor CNA Campus

Dates: November 1-15, 2021

Time: 8:30am - 4:30pm

Cost: Tuition will be at no cost to the applicant

REQUIRED APPLICATION DOCUMENTS

The following is a checklist of all **required documents**. Your application will **NOT** be considered complete if the following documents are not attached:

- **COMPLETED APPLICATION FORM**
- **RESUME**
- **COVER LETTER**
- **PROOF OF MEMBERSHIP:** QFN members must provide **proof of membership** by including Valid Temporary Confirmation of Registration, or Valid Secure Certificate of Indian status (SCIS) Card.
 - Self-identifying applicants must provide documentation describing their Indigenous ancestry or other proof showing that they self-identify.

SUBMITTING APPLICATION

Submit completed application and all required documentation to:

**Qalipu First Nation
Education and Training
ATTENTION: Yvonne Macdonald
P.O. Box 460
St. George's, NL A0N 1Z0**

OR

Submit application via email to Employment Coordinator
ymacdonald@qalipu.ca

For Questions, contact Yvonne Macdonald at (709) 647-3514

APPLICANT DECLARATION

- Signing this application allows Education and Training Offices to obtain information from all ARMS or Employment Services Offices (EAS).
- Applications may also be used for public documents such as Minutes, Education and Training Reports, Board Kits, etc. The Qalipu First Nation Band agrees to share this information with Service Canada or Indigenous Services Canada.

SIGNATURE

Signature for Applicant

Date (MM -DD -YYYY)