

PARTICIPANT INFORMATION

Last Name	Middle initial	First name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Insurance Number (SIN)	Area Code and Phone number	
<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"/>	
Address	City/Town	
<input type="text"/>	<input type="text"/>	
Prov/Terr	Postal Code	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL INFORMATION

Date of Birth (YYYY-MM-DD)	Gender	Service Language	Highest Level of Education
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you consider yourself to be a member of any designated groups?
 Aboriginal Francophone Person with a Disability Immigrant

TRAINING INFORMATION

Please provide details on your requested training.

Name of Course/Training	Start Date (YYYY-MM-DD)	End Date (YYYY-MM-DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Training Provider	Training Method (example: on-line, in class, job-site, etc.)	
<input type="text"/>	<input type="text"/>	
Third-Party Trainer/Institution Name	Address of Third-Party Trainer/Institution	
<input type="text"/>	<input type="text"/>	
Type of Training	<input type="text"/>	

EMPLOYMENT STATUS

Select only one at time of training

Unemployed Employed Full Time Employed Part-time Employed Temporarily Self Employed
 (Optional) EI Recipient Yes No

Weekly Number of Hours	Gross Weekly Wage	
<input type="text"/>	\$ <input type="text"/>	
Last Job Title (if unemployed)	NOC**	Job Description
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Job Title (if employed)	NOC**	Job Description
<input type="text"/>	<input type="text"/>	<input type="text"/>

** The National Occupational Classification (NOC) website can be found at <http://www5.hrsdc.gc.ca/NOC/English/NOC/2011/Welcome.aspx>

COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The personal information you have provided is collected for the purpose of administering labour market programs and services and will be shared with the following:

Any Case Managers you have engaged or are required to utilize for the purposes of developing and managing your Action Plan and who have assisted you in completing this application.

Any Delivery Organization to which you have been referred by either a Case Manager or Advanced Education in order to complete your Action Plan.

The information you provide may also be used for policy analysis, statistical, research and/or program evaluation purposes by the Government of Yukon and the Government of Canada.

This information is collected and managed in accordance with the *Access to Information and Protection of Privacy Act*, R.S.Y., 2002, c.1 (the "Act"). Records and information pertaining to this application may be disclosed to third parties only in accordance with the Act.

Questions about the collection, use or disclosure of this information can be directed to the Director of Labour Market Programs & Services, Department of Education, Advanced Education Branch, Box 2703, Whitehorse, Yukon Y1A 2C6 or phone 667-5131, toll free at 1-800-661-0408, extension 5131.

I acknowledge that I have read and understand the above information regarding the collection, use, and disclosure of my personal information:

Applications for funding must be approved by Advanced Education BEFORE the start date of the training activity. Training costs incurred prior to the approval of the CJG are not eligible for reimbursement. Please note that incomplete applications will not be considered for funding.

PARTICIPANT SIGNATURE

Please record your name and the date you completed this form in the space provided below:

Name:

Signature:

Date (YYYY-MM-DD):