



**Eligibility criteria\***

- Be an Inuk Nunavimmiuq;
- Have graduated high school;
- Be between 18 and 35 years of age.

\*Individuals who demonstrate strong motivation and great potential to succeed in this program, but do not match the previous criteria, might be considered.

Remember, post-secondary education is THE priority within Pijunnaqunga!  
 If you recently made the decision to leave post-secondary school, *you must have been out of school for at least 6 months prior to applying for Pijunnaqunga.*

Documents required for application:

- Completed application form;
- Two completed reference forms.

| GENERAL INFORMATION  |                                    |  |                                       |   |   |                                |  |  |  |  |  |  |  |  |  |
|--|------------------------------------|--|---------------------------------------|---|---|--------------------------------|--|--|--|--|--|--|--|--|--|
| How did you hear about Pijunnaqunga? <input type="checkbox"/> <input type="checkbox"/> Web <input type="checkbox"/> YES/LEO <input type="checkbox"/> Pijunnaqunga team <input type="checkbox"/> Other: _____ |                                    |  |                                       |   |   |                                |  |  |  |  |  |  |  |  |  |
| Are you an Inuk Nunavimmiuq?   |                                    |  |                                       |   | YES<br><input type="checkbox"/>   | NO<br><input type="checkbox"/> |  |  |  |  |  |  |  |  |  |
| <i>First Name</i>  | <i>Last Name</i>                   |  | <i>Gender</i>                         |   | <i>Date of birth</i><br><small>Year/Month/Day</small>   |                                |  |  |  |  |  |  |  |  |  |
|  |                                    |  | Male<br><input type="checkbox"/>      | Female<br><input type="checkbox"/>  | /   /   |                                |  |  |  |  |  |  |  |  |  |
| If you usually use a name other than the one on your birth certificate or if you use your spouse's last name or both last names, enter it here.  |                                    |  | <i>Other First Name</i>               |   | <i>Other Last Name</i>  |                                |  |  |  |  |  |  |  |  |  |
| <b>Marital status</b>  | Single<br><input type="checkbox"/> | Married/common law<br><input type="checkbox"/>   | Separated<br><input type="checkbox"/> | Widow<br><input type="checkbox"/>   | Social insurance #<br><table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> </table> |                                |  |  |  |  |  |  |  |  |  |
|  |                                    |  |                                       |   |   |                                |  |  |  |  |  |  |  |  |  |
| <i>Address/PO box #</i>  |                                    |  | <i>Community</i>                      |   | <i>Province</i>   |                                |  |  |  |  |  |  |  |  |  |
|  |                                    |  |                                       |   | <i>Postal Code</i>  |                                |  |  |  |  |  |  |  |  |  |
|  |                                    |  |                                       |   |   |                                |  |  |  |  |  |  |  |  |  |
| <i>Phone number(s)</i>   |                                    |  | <i>Email address</i>                  |   |   |                                |  |  |  |  |  |  |  |  |  |
| Home: (   ) -  |                                    | Other: (   ) -   |                                       |   |   |                                |  |  |  |  |  |  |  |  |  |
| When is the best moment to contact you?  |                                    | <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening |                                       | How?   Phone <input type="checkbox"/> Email <input type="checkbox"/> _____<br><small>« Facebook » name</small><br><input type="checkbox"/> Other? _____ |   |                                |  |  |  |  |  |  |  |  |  |
| Emergency contact  |                                    |  |                                       |   |   |                                |  |  |  |  |  |  |  |  |  |
| <i>First Name</i>  |                                    | <i>Last name</i>   |                                       | <i>Relation to the applicant</i>  |   |                                |  |  |  |  |  |  |  |  |  |
|  |                                    |  |                                       |   |   |                                |  |  |  |  |  |  |  |  |  |
| <i>Phone number(s)</i>   |                                    |  | <i>Email Address (optional)</i>       |   |   |                                |  |  |  |  |  |  |  |  |  |
| Home: (   ) -  |                                    | Other: (   ) -   |                                       |   |   |                                |  |  |  |  |  |  |  |  |  |

| CRIMINAL RECORD                |   |                                |
|--------------------------------|---|--------------------------------|
| Do you have a criminal record? | YES<br><input type="checkbox"/>                 | NO<br><input type="checkbox"/> |
|                                | <i>I don't know</i><br><input type="checkbox"/> |                                |

\* By applying to this program, I agree to have my criminal record checked.

**MOBILITY INFORMATION**

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| Are you available to attend an interview session (up to 5 days) and a 2-week training in another community? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| Are you available to move to another community for the duration of an internship (up to 12 weeks)?          | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

**CURRENT SITUATION**

|  |  |   |
|--|--|---|
| Are you employed?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO   | If YES, <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed <small>&lt; 30h</small> Employer: _____ |   |
|  | If NO, Do you benefit from <input type="checkbox"/> Employment Insurance or <input type="checkbox"/> Social Assistance? <input type="checkbox"/> NO          |   |
| Does your state of health allow you to work? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, why? _____  |  |   |
| Do you have a physical or an intellectual limitation or a mental health issue? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, specify: _____ |  |   |
| Do you have dependents?  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO  | If YES, how many? _____<br>Do you have access to daycare/childcare <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you a single mother or father?   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO  | Is your spouse employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A              |

**EDUCATION AND OTHER TRAINING**

|   |  |   |  |
|---|--|---|--|
| Did you graduate from high school?          | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, which year?<br>If NO, which grade did you complete? |  |
| Are you planning on going to college?       | <input type="checkbox"/> YES <input type="checkbox"/> NO | When? Which program?  |  |
| Have you ever been to college?              | <input type="checkbox"/> YES <input type="checkbox"/> NO | When? Which program?  |  |
| <b>Did you complete any other training?</b> |  |   |  |
| <i>Name of the training</i>                 |  | <i>Year completed</i>                                       |  |
|   |  |   |  |
|   |  |   |  |

**EXPERIENCE, SKILLS AND COMPETENCES**

|   |  |   |   |
|---|--|---|---|
| <b>Work / Volunteering experience</b>                 |  |   |   |
| <i>Starting date</i><br><small>Year/Month/Day</small> | <i>Finishing date</i><br><small>Year/Month/Day</small> | <i>Job title</i>  | <i>Name of the employer or business</i> |
| / /   | / /  |   |   |
| / /   | / /  |   |   |
| <b>Other achievement(s)</b>                           |  |   |   |
| <i>Achievement(s)</i>                                 |  |   | <i>Year(s)</i>                          |
|   |  |   |   |
|   |  |   |   |
| <b>Software</b>                                       |  |   |   |
| Are you familiar with one or more of these software?  |  | <input type="checkbox"/> MS Excel <input type="checkbox"/> MS PowerPoint <input type="checkbox"/> MS Word <input type="checkbox"/> Other? _____ |   |

| GENERAL INTERESTS   |   |
|---|---|
| <i>Favorite subject(s) in school</i>                      | <i>What made these classes your favorite?</i> |
| <br><br>  | <br><br>                                      |
| <i>Write a list of your interests and hobbies/sports.</i> |   |
| <br><br><br>  |   |
| <i>Describe your dream job. Why is it special to you?</i> |   |
| <br><br><br>  |   |

| COMPETENCIES AND INTERESTS  |
|---|
| <i>Describe 3 work-related strengths you have.</i>  |
| <br><br>  |
| <i>Name one aspect of your personal life that you would like to improve and explain why (try to relate it to work.)</i> |
| <br><br><br>  |
| <i>Write a short text that describes the reason why you are applying to Pijunnaqunga.</i>                               |
| <br><br><br><br><br><br><br><br><br><br>  |

**TERMS AND CONDITIONS**

By sending this form, I solemnly affirm that the information provided is accurate and complete and I understand that it may be verified. I commit to informing Pijunnaqunga of any changes in this information. I agree to allow Pijunnaqunga to collect and compile my personal information for management purposes and consent to have this information shared with various government agencies.

*I have read the terms and conditions and I agree.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_