

**Eligibility criteria\***



- Be an Inuk Nunavimmiuq;
- Have graduated high school or equivalent work experience;
- Be over 18 years of age (unless graduated high school).

**\*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 <input type="checkbox"/> NO <input type="checkbox"/>		JBNQA Beneficiary number		_ _ _ _ _ _ _	
First Name		Last Name		Gender		Date of birth Year/Month/Day	
				Male <input type="checkbox"/> Female <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.				Other First Name		Other Last Name	
Marital status	Single <input type="checkbox"/>	Married/common law <input type="checkbox"/>	Separated <input type="checkbox"/>	Widow <input type="checkbox"/>	Social insurance #	_ _ _ _ _ _ _	
Address/PO box #				Community		Province	Postal Code
Phone number(s)				Email address			
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"/>  : _____ « Facebook » name			
				<input type="checkbox"/> Other? _____			
Emergency contact							
First Name		Last name		Relation to the applicant			
Phone number(s)				Email Address (optional)			
Home: ( ) -				Other: ( ) -			

CRIMINAL RECORD					
Do you have a criminal record?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	I don't know <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 <input type="checkbox"/>	NO <input type="checkbox"/>
Are you available to move to another community for the duration of an internship (up to 12 weeks)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**CURRENT SITUATION**

Are you employed? <input type="checkbox"/> YES <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 <input type="checkbox"/> NO	If YES, how many? _____ 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 <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? 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>			
Name of the training		Year completed	

**EXPERIENCE, SKILLS AND COMPETENCES**

<b>Work / Volunteering experience</b>			
Starting date <small>Year/Month/Day</small>	Finishing date <small>Year/Month/Day</small>	Job title	Name of the employer or business
/ /	/ /		
/ /	/ /		
<b>Other achievement(s)</b>			
Achievement(s)		Year(s)	
<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>
<i>Write a list of your interests and hobbies/sports.</i>	
<i>Describe your dream job. Why is it special to you?</i>	

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

**TERMS AND CONDITIONS**

By signing 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: \_\_\_\_\_