

**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, education is THE priority within Pijunnaqunga!  
If you recently made the decision to leave post-secondary school, you must have been referred by your Counsellor in Academic training to apply to 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 <small>Year/Month/Day</small>	
				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"/>	Divorced <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 Evening				How? Phone <input type="checkbox"/> Email <input type="checkbox"/>  : _____ <small>« Facebook » name</small> 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>			
<i>Name of the training</i>		<i>Year completed</i>	

**EXPERIENCE, SKILLS AND COMPETENCES**

<b>Work / Volunteering experience</b>			
<i>Starting date</i> <small>Year/Month/Day</small>	<i>Finishing date</i> <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>
<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: \_\_\_\_\_