



NunatuKavut Business Centre

Growing NunatuKavut business, one entrepreneur at a time.

NUNATUKAVUT ENTREPRENEUR TRAINING APPLICATION

The NunatuKavut Entrepreneur Training (NET) Program provides NunatuKavut Business owners/key staff financial assistance for training purposes. It allows participants to attend and complete skills training by alleviating program costs or travel expenses incurred.

APPLICANT INFORMATION

Name: _____

Address: _____ SIN: _____
_____ Date of Birth (M/D/Y): ____/____/____
_____ Membership Number: _____

Telephone #: _____ Fax #: _____

Email: _____

BUSINESS INFORMATION

Name: _____ Client Position: _____

Address: _____ NunatuKavut Registered
_____ Aboriginal Business #: _____
_____ Telephone #: _____

Email: _____ Fax #: _____

Is your business eligible for HST rebate from Canada Revenue Agency? Yes _____ No _____

TRAINING INFORMATION

Course Applied: _____

Institution: _____ Location: _____

Private School: _____ Public School: _____

Program Start: _____ Program End Date: _____

Have you been accepted to this program? YES _____ NO _____ Conditionally? _____
**If YES, submit supporting document(s) showing that you have applied and/or been accepted.*

Please provide quote/invoice for course including tuition and supporting costs

Do you have any previous related training? YES _____ NO _____

If YES, please specify Training and Institution:

Length of training: _____ Completion Date: _____

OTHER SOURCES OF INCOME

Are you currently on/or applying for additional support to complete this training? YES ___ NO ___

If yes, Type of Assistance: _____ Amount Received: _____

CHECKLIST

PLEASE CHECK AND ATTACH THE FOLLOWING

Initial Contact Form	_____	Client Confidentiality Agreement	_____
Proof of Membership	_____	NRAB #	_____
Proof of Enrollment	_____	Quote/Invoice	_____

CONSENT

I am aware that the NunatuKavut Business Centre / NunatuKavut Community Council will share this information with Service Canada, and / or the Department of Advanced Education and Skills. I consent to this disclosure for the purposes of eligibility, entitlement, progress and reporting.

By signing your name below you are stating that the information provided is true. You are also providing the NunatuKavut Business Centre / NunatuKavut Community Council the liberty to validate all information with the objective to make the best possible decision regarding your request

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

BA SIGNATURE: _____ DATE: _____

The NunatuKavut Business Centre mandate is to foster employment through entrepreneurship and to encourage NunatuKavut members to start their own businesses. If you require assistance completing this application, contact one of our offices at: 709.896.5722 ext. 205 or toll free 1866.446.5035. 709.938.7621 or toll free 1844.938.7621

Please return this application to to the NunatuKavut Business Centre:

MAIL	SCAN AND EMAIL	FACSIMILE
P.O. Box 418, Station C, Happy Valley - Goose Bay, NL, A0P 1C0	businesscentre@nunacor.com nbc@nunacor.com	709.896.5739

NUNACOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____

IS THIS APPLICATION COMPLETE? Yes ___ No ___

IS THIS PROGRAM UNDER ACOA? Yes ___ No ___

IF INCOMPLETE, ITEMS MISSING:	Proof of Membership	_____	Date Received: _____
	Business Registered by NBC	_____	Date Received: _____
	Initial Contact Form	_____	Date Received: _____
	Client Confidentiality Agreement	_____	Date Received: _____

BUSINESS ADVISOR SIGNATURE _____ DATE: _____

CEO SIGNATURE _____ DATE: _____