

North Vancouver Island Aboriginal Training Society

APPLICATION FOR TRAINING, EI PROGRAMS

| |
|-----------------------------|
| NVIATS DATE RECEIVED |
| |

| | | | |
|---|-------------|-------|-----|
| <input type="checkbox"/> TARGETED WAGE SUBSIDY <input type="checkbox"/> JOB CREATION PARTNERSHIPS <input type="checkbox"/> TRAINING PURCHASE <input type="checkbox"/> EMPLOYMENT ASSISTANCE | | | |
| EMPLOYER (FULL NAME) | | | |
| MAILING ADDRESS | | | |
| CITY/TOWN | POSTAL CODE | PHONE | FAX |
| NAME OF PRIMARY CONTACT PERSON | | PHONE | FAX |
| NAME OF SECONDARY CONTACT PERSON | | PHONE | FAX |
| LOCATION OF ACTIVITY | | | |

| | | |
|----------------------|-------------------|-----------------|
| DURATION OF ACTIVITY | FROM D M Y | TO D M Y |
|----------------------|-------------------|-----------------|

DESCRIBE THE OBJECTIVES AND ACTIVITIES TO BE CARRIED OUT:
(attach supporting documentation eg; training plan, BCR)

| | | |
|--|--|--|
| SUPPORT TO INDIVIDUALS | | |
| ASSISTANCE FOR PERSONS WITH DISABILITIES | | |
| TUITION COSTS | | |
| TRANSPORTATION | | |
| OTHER PERSONAL SUPPORTS | | |
| TOTAL SUPPORT TO INDIVIDUALS | | |

| | |
|-------------------|--|
| PARTICIPANT WAGES | |
|-------------------|--|

| | | |
|----------------------------------|--|--|
| OVERHEAD COSTS | | |
| OVERHEAD COSTS EXCLUDING CAPITAL | | |
| CAPITAL COSTS | | |
| OTHER | | |
| TOTAL OVERHEAD COSTS | | |

| | | |
|-------------------------------------|--|--|
| COURSE COSTS | | |
| COURSE COSTS – PUBLIC INSTITUTIONS | | |
| COURSE COSTS – PRIVATE INSTITUTIONS | | |
| TOTAL COURSE COSTS | | |

TOTAL NVIATS CONTRIBUTION REQUESTED

| | | |
|---------------------|----------|------|
| APPLICANT SIGNATURE | POSITION | DATE |
| | | |