

North Vancouver Island Aboriginal Training Society

APPLICATION FOR TRAINING

<input type="checkbox"/> WORKPLACE BASED TRAINING <input type="checkbox"/> JOB OPPORTUNITIES			
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			

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

REQUESTED FINANCIAL CONTRIBUTION

Number of Participants						
WAGE COSTS	Total Hours	X	Hourly Rate	=		
TRAINING COSTS	On the Job	Participant Hours	X	Cost per hour	=	
	Off the Job	Participant Hours	X	Cost per hour	=	
SPECIAL COSTS (attach detailed list)						
DURATION OF ACTIVITY	FROM D M Y	TO D M Y	TOTAL CONTRIBUTION REQUESTED			

Signature

Position

Date