

Section 1 – Select Category

Book Contest	Ball Cap
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Section 2 - Applicant's Information

First & Last Name:	Date of Birth:
Mailing Address:	
Telephone #:	Email #

Section 4 – Consent of Application

I give Tłjchq Government permission to reproduce my entry for the sole purpose of promoting the Tłjchq Literacy program.	
Signature	Date:

Section 5 - Parent of Guardian's Permission

I hereby give my child permission to complete the entry form in full for the Literary Fund Contest by the Tłjchq Government	
Signature	Date:

Section 6 – Brief description on artwork

Tłjchq Literacy Fund Contest

Call for Entries:

The 2019 Tłjchq Literacy Contest theme is “Our Ancestor”, submission must include the use of the Tłjchq language. Client Services will be accepting entries starting September 01 until November 29th, 2019.

The Contest winners will have their art reproduced and distributed to promote the Tłjchq Language.

Deadline:

- November 29, 2019, 4:00 pm mst.

Who can participate:

- Must be a Tłjchq Citizen.

Contest Rules:

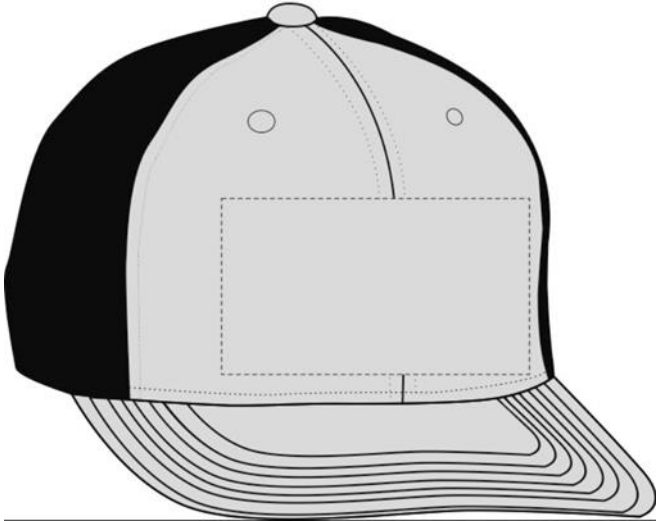
1. Entries per person – one submission per category.
2. Tłjchq Application form must be completed (pages 1 & 2), including the GNWT Application (pages 4, 5 & 6).
3. Program a short paragraph on your artwork.
4. Artwork can be submitted by:
 - a. email (one@tlichq.com)
 - b. or in person to Jantanna Zoe with Client Services Department.
 - c. Mailed: C/O Jantanna Zoe, PO Box 412, Behchokò, NT X0E 0Y0
5. Entries become property of the Tłjchq Government and will not be returned.
6. A jury will judge the artwork and we will contact you if you win.
7. We will announce the winner at the end of March and release the artwork to the public.
8. Deadline submission is 4:00PM MST, November 29, 2019.

Please contact Jantanna Zoe at 867-392-6381 ext 1323 or one@tlichq.com with any questions.

We look forward to seeing your work!

Book Entry – Submit format in Word Document or PowerPoint.

Ball Cap Entry – Submit design below:



A large, empty rectangular box with a thin black border, intended for the user to submit their design for the ball cap.



APPLICATION FOR SERVICE

Vendor #: _____

INSTRUCTIONS

Please fully complete all sections except where the entry is noted as being "optional". It is up to you whether or not you fill out the "optional" information.

This information is being collected by the Government of the Northwest Territories, Department of Education, Culture and Employment under the authority of the Access to Information and Protection of Privacy Act of the Northwest Territories (ATIPP), Section 40(c)(i) for the purpose of determining eligibility for programs.

The personal information you provide will be used in the application process; for ongoing eligibility verification; to monitor, assess and evaluate the effectiveness of services; and to evaluate and report the results of territorial and federal programs. Information for reporting and evaluation is shared in aggregate form and will not disclose your identity. All participants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner.

CLIENT INFORMATION

Last Name: _____		First Name: _____		Middle Name: _____	
Date of Birth: _____			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Social Insurance Number: - -					
Contact Information	Address 1: _____		Phone #: () - _____		
	Address 2: _____		Cell #: () - _____		
	Community: _____		Email: _____		
	Prov/Terr: _____		Alt. Contact: _____		
	Postal Code: _____		Alt. Phone #: () - _____		
	How many years have you lived in the NWT? Years				
Age Group: <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 or older					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>					
Total Number of Dependents: _____		# aged 0-6	# aged 7-12	# aged 13-16	
Language Preferred: <input type="checkbox"/> English <input type="checkbox"/> French					
Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, are you? <input type="checkbox"/> Dene <input type="checkbox"/> Inuit <input type="checkbox"/> Inuvialuit <input type="checkbox"/> Métis <input type="checkbox"/> Southern Aboriginal <input type="checkbox"/> Other					
If other, please identify your affiliation. [optional]					
Do you identify yourself as a Person with a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what is your disability? [optional]					
What is your citizenship status? <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other:					
Have you recently immigrated to Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, when did you arrive in Canada?					



EDUCATION

What is the highest level of education you have achieved?

- Less than High School High School [(includes GED)] Some Post-Secondary
 Trades Certificate or Diploma Diploma [Community College]
 University Degree [Bachelors or Post Graduate]

When did you achieve this level of education [approximate month/year]:

Are you an Apprentice? Yes No

If yes, what is your trade?

Registered in [Prov/Terr]:

Are you a Journeyperson? Yes No

If yes, what is your trade?

Certified in [Prov/Terr]:

CURRENT EMPLOYMENT STATUS

The following information is requested only because it is needed to evaluate the success of our programs. Before and after information on the employment status of participants is combined for statistical purposes (no person is identified in the final reports).

Employed Unemployed Self-Employed Not in Labour Force Student

If employed, the job is: Permanent Temporary/Casual Seasonal
[Check all that apply] Full Time [30 + hours per week] Part Time [<30 hours per week]

Employer:

Job Title:

Hourly Wage: \$

Hours worked per week:

If you are unemployed or not in the labour force:

Are you receiving EI? Yes No

Are you receiving IA? Yes No

Have you received EI within the past 3 years? Yes No

Have you received EI maternity or paternity benefits within the past 5 years? Yes No

If you are a student or on a training course:

What is the name of the training course and/or school?

PREVIOUS WORK HISTORY [Last 2 employers starting with most recent]

Employer #1:

Job Title:

Hourly Wage: \$

Hours worked per week:

The job was: Permanent Temporary/Casual Seasonal
[Check all that apply] Full Time [30 + hours per week] Part Time [<30 hours per week]

Date started [approximate month/year]:

Date ended [approximate month/year]:

Reason for Leaving:



Employer #2:	Job Title:
Hourly Wage: \$	Hours worked per week:
The job was: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary/Casual <input type="checkbox"/> Seasonal <i>[Check all that apply]</i> <input type="checkbox"/> Full Time <i>[30 + hours per week]</i> <input type="checkbox"/> Part Time <i>[<30 hours per week]</i>	
Date started <i>[approximate month/year]:</i>	Date ended <i>[approximate month/year]:</i>
Reason for Leaving: <hr/>	

STATEMENT OF AUTHORIZATION	
<p>I certify that the information given above is true and complete in every respect. I am aware legal action may be taken against me for making false statements to Education, Culture and Employment (ECE) regarding changes to the above information.</p> <p>I understand that the information above may be disclosed to authorized representatives of Employment and Social Development Canada (ESDC), Aboriginal Skills and Employment Training Strategy (ASETS) holders, any other federal/provincial/territorial departments and their agencies, for the purposes of for determining my eligibility for ECE program funding, program evaluation and reporting. I accept that information may also be shared by these organizations for the purpose of determining eligibility for the program.</p> <p>I recognize that program participants may be required to assist with the evaluation of the program by completing an exit survey and two follow up surveys at 3 months and 12 months after completion. These surveys would ask about my satisfaction with the training and whether or not the training has improved my employment.</p>	
<hr/> Participant Signature	<hr/> Date