



# INDIGENOUS DEVELOPMENT AND TRAINING PROGRAM APPLICATION

Employee and Supervisor complete all sections, including Appendices, and return to [diversityandinclusion@gov.nt.ca](mailto:diversityandinclusion@gov.nt.ca).

## 1. EMPLOYEE INFORMATION (Required)

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

PRONOUN (Optional): \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

UNIT (Optional): \_\_\_\_\_ YEARS IN CURRENT POSITION: \_\_\_\_\_

COMMUNITY: \_\_\_\_\_ YEARS OF GNWT SERVICE: \_\_\_\_\_

MANAGER/SUPERVISOR: \_\_\_\_\_ **INDIGENOUS EMPLOYMENT POLICY STATUS:**

MANAGER/SUPERVISOR POSITION: \_\_\_\_\_  Stage One Priority (NWT First Nation, Metis and Inuit people)

\_\_\_\_\_  Stage Two Priority (First Nation, Metis, Inuit outside the NWT)

Are you an Indeterminate or Term (2 Year) employee?  YES  NO

## 2. EMPLOYEE COMMENTS (Optional)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3. TRAINING DETAILS (Required)

Please note that Conferences or conference type training is no longer eligible under this program. If training details are insufficient, you may receive a request for more information.

TRAINING/PROGRAM: \_\_\_\_\_

TYPE OF TRAINING:  Northern Leadership Development Program  Leadership Development Program  Indigenous Language Program

Master's Degree  Undergraduate Degree  Doctoral Degree  Certificate Program  Diploma  Other

If Other, please explain: \_\_\_\_\_

INSTITUTION/ORGANIZATION: \_\_\_\_\_

LENGTH OF TRAINING: \_\_\_\_\_ LOCATION (if applicable): \_\_\_\_\_

Is this a multiyear application (over several fiscal years)?  YES  NO  
*Information is Required*

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

FUNDING DUE BY: \_\_\_\_\_

TOTAL COST (based on Appendix B – Cost Breakdown): \_\_\_\_\_



**7. SIGNATURES (Required)**

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*Employee Signature* *Date*

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*Manager/Supervisor Signature* *Date*

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**APPENDIX A – APPLICATION CHECKLIST (REQUIRED)**

<p><b>Is this the First Time Accessing the Indigenous Development and Training Program?</b> <i>(i.e. been approved before)</i></p>	<p><input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO</p>
<p><b>Was this identified in your learning plan in your Performance Development document?</b></p>	<p><input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO</p>
<p><b>Does the training require an Education Agreement?</b> <i>(if yes please have it ready to provide at the time of approval)</i></p>	<p><input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO</p>
<p><b>Did you complete the Cost breakdown form (Appendix B)?</b></p>	<p><input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO</p>
<p><b>Have you submitted your letter of intent along with your application?</b></p>	<p><input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO</p>
<p><b>Is the training submitted meant for career advancement or mobility within the GNWT?</b></p>	<p><input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO</p>
<p><b>Did you submit your application and letter of intent during the intake period deadline?</b></p>	<p><input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO</p>
<p><b><u>Optional Question:</u></b>  Do you want to be put in touch with the Indigenous Career Pathways Advisor for further support?</p>	<p><input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO</p>

**APPENDIX B – COST BREAKDOWN (REQUIRED)**

**TRAINING COST DETAILS**

A cost breakdown is needed to ensure that funding requested falls within the program funding parameters (one time training costs for equipment such as laptops and computers are not covered). This is for funding required for this fiscal year. Please fill out the following information below:

<b>Tuition/Course Cost (for the fiscal year):</b>	<b>\$</b>
<b>Administration Fees (if applicable):</b>	<b>\$</b>
<b>Books/Resource Fees (if Applicable)</b>	<b>\$</b>
<b>Mentorship Fees (if Applicable)</b>	<b>\$</b>
<b>If Travel is Needed</b>	
<b>Accommodation (total)</b>	<b>\$</b>
<b>Transportation (Airfare as needed)</b>	<b>\$</b>
<b>Transportation (Ground transportation as needed)</b>	<b>\$</b>
<b>Per diems (total)</b>	<b>\$</b>
<b>Other</b>	<b>\$</b>
<b>Other</b>	<b>\$</b>
<b>Other</b>	<b>\$</b>
<b>Total Cost (for the fiscal Year):</b>	<b>\$</b>
<b>Additional Comments on Cost Breakdown (Optional)</b>	