



PROGRAM APPLICATION

INDIGENOUS MANAGEMENT DEVELOPMENT TRAINING PROGRAM

Employee and Supervisor complete all sections. This application must be supported by the Deputy Head.

1. EMPLOYEE INFORMATION

NAME: _____

POSITION: _____

DEPARTMENT: _____

COMMUNITY: _____

YEARS IN CURRENT POSITION: _____

YEARS OF GNWT SERVICE: _____

SUPERVISOR: _____

AFFIRMATIVE ACTION STATUS: _____

2. EMPLOYEE COMMENTS

Three horizontal lines for employee comments.

3. EMPLOYER INFORMATION

NAME: _____

POSITION TITLE: _____

DEPARTMENT: _____

COMMUNITY: _____

4. TRAINING DETAILS

TRAINING: _____

LENGTH OF TRAINING: _____

LOCATION: _____

COST: _____

5. HOW WILL THIS IMPACT CAREER GROWTH:

Four horizontal lines for career growth impact details.

WAS THIS IDENTIFIED IN LEARNING PLAN? Yes No

6. SUPERVISOR COMMENTS

7. SIGNATURES

Employee Signature

Date

Manager/ Director Signature

Date

Deputy Head Signature

Date