First Nation of Na-Cho Nyak Dun - Department of Education/Heritage and Youth

P.O. Box 220 Mayo, Yukon. Territory Y0B – 1M0

Phone: (867) 996-2265 Ext: 136

Fax: (867) 996-2028

Email: educationdirector@nndfn.com



REQUEST FOR COMMUNITY TRAINING FORM

PERSONAL INFORMATION RI	EQUIRED:			
First name:		Last name:		
Date of Birth: Year/Month/Date		Please check one:	Beneficiary o Status o	
Permanent Address/street: Province/Territory:		City/Town: Postal Code:		
				Telephone number: Cell Number:
Name of training /course:				
Provided by:		Location of training /Course:		
Contact person:		Telephone number:		
Leave Date:		Return Date:		
Date Course Starts:		_ Date Course Ends:		
Reason for training /Course:				
Note: Applicant is responsible for mental not be responsible for the responsible for t	aking hotel reservation	ons, if you do not attend; yo	show.	
Expenses	Requesting \$	For Office Ose Offiy. Affi	оин арргочеи	
Tuition/Registration Books/Supplies	\$ \$			
	\$ \$			
Meals Incidentals	\$ \$			
Hotel Name:	\$			
Private Accommodation	\$			
Living Allowance	\$ \$			
Gas Purchase - One Way	\$			
Gas Purchase - Return Trip	\$			
Total Amount	\$			
Declaration of applicant: I approved above. I understand that I m agree that if I fail to complete the training me or paid on my behalf.	ust provide written prod	of that I completed the training		
Applicants Signature:		Date:		
Financial Assistance is hereby:	Approved 🗆 Not A	Approved		
DEPT: EDUCATION PROGRAM	:	CODE:		
Details:				
Manager of Education Signature		D	Date:	