



PROGRAM APPLICATION

INDIGENOUS DEVELOPMENT AND TRAINING PROGRAM

Employee and Supervisor complete all sections and return to diversityandinclusion@gov.nt.ca.

1. EMPLOYEE INFORMATION

NAME: _____ POSITION: _____
DEPARTMENT: _____ COMMUNITY: _____
YEARS IN CURRENT POSITION: _____ YEARS OF GNWT SERVICE: _____
MANAGER/SUPERVISOR: _____ AFFIRMATIVE ACTION STATUS: _____

2. EMPLOYEE COMMENTS

3. TRAINING DETAILS

TRAINING: _____ LENGTH OF TRAINING: _____
LOCATION (if applicable): _____ TOTAL COST (this fiscal year): _____

4. HOW WILL THIS IMPACT CAREER GROWTH:

WAS THIS IDENTIFIED IN LEARNING PLAN? [] Yes [] No

5. MANAGER/SUPERVISOR COMMENTS

6. SIGNATURES

Employee Signature

Date

Manager/Supervisor Signature

Date
