



# First Nation of Na-Cho Nyäk Dun - REQUEST FOR COMMUNITY TRAINING FORM

## PERSONAL INFORMATION REQUIRED:

Given name:	Surname:
Permanent Address/street:	City/Town
Province/Territory:	Postal code:
Telephone number:	Fax number:
Cell Number:	Email Address:

Name of training /course: \_\_\_\_\_

Provided by: \_\_\_\_\_ Location of training : \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Date: \_\_\_\_\_ to: \_\_\_\_\_ total hours or days: \_\_\_\_\_

Reason for training /Course: \_\_\_\_\_

Expenses	Requesting	For Office Use Only: Amount approved	Notes:
Tuition	\$		
Books	\$		
Supplies	\$		
Meals	\$		
Accommodations	\$		
Living Allowance	\$		
Other	\$		
Total Amount	\$		

Declaration of applicant: I \_\_\_\_\_ accept the amount of financial assistance provided as approved above. I understand that I must provide written proof that I completed the training specified. I further understand and agree that if I fail to complete the training specified without having reasonable cause, I must repay the total amount advanced to me or paid on my behalf.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**       Approved                       Not Approved

Details: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Education Director)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Executive Director)