

NUNAVUNMI
INIRNIRIT
ILIHARVIAT

COLLÈGE
DE L'ARCTIQUE
DU NUNAVUT



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NUNAVUT
ARCTIC
COLLEGE

SOCIAL SERVICE WORKER PROGRAM

APPLICATION PACKAGE

Dear Applicant,

Thank you for your interest in the Social Service Worker Program. Please make sure you read the information below and review the checklist before you submit your application.

Admission Requirements:

Applicants must be:

- Age 17 or older
- Completion of Grade 12 or equivalent

Plus

- Assessment tested at 130 Level English and working at 140 Level
- Assessment tested at 120 level Math

Mature Students

- Age 19 or older
- Out of high school for one year or more
- Assessment tested at 130 Level English and working at 140 Level
- Assessment tested at 120 level Math

All applicants must provide:

- A letter of intent
- 3 references (non-family)
- Transcript of Marks from High School or other institutions attended

All applicants will be interviewed in person or by telephone once all the information for your application is received.

Selection Process:

Please ensure the following information is included in your application:

- ☐ Completed application form
- ☐ Completed housing form if required
- ☐ Letter of Intent (Please make sure your letter is well thought out and provides detail to the questions asked.)
- ☐ Three references (Non – Family)
- ☐ Transcripts of Marks
- ☐ Assessment testing if required

Please Note:

Criminal Record and Vulnerable Sectors (are required for practicum and not admission). **Individuals who have been convicted criminally and not pardoned will be required to provide a statement of disclosure providing details of the criminal offenses. This information will be presented to potential practicum hosts to determine if the student is a suitable candidate for practicum. The Statement of Disclosure must be no more than 6 months old. It is the student's responsibility to ensure that he or she is eligible to participate.**

Applicants will be admitted to the program based on space availability and their ability to meet the entrance requirements. The program admissions committee will conduct interviews with students to assess qualifications. In some cases, students may be required to meet special conditions before entry or enter the program on a probationary basis.



Application Form

PLEASE PRINT. COMPLETE THIS FORM FULLY.
PAGE 1 OF 2

PROGRAM APPLYING FOR

What program are you applying for (as listed in the Program Information Section of the NAC website at www.arcticcollege.ca)?

To which Campus or Community Learning Centre are you applying for admission?

☐ Kitikmeot (Cambridge Bay)

☐ Kivalliq (Rankin Inlet)

☐ Piquisilivik

☐ Nunatta (Iqaluit)

☐ Community Learning Centre

Community _____

Will you be

☐ full time, or

☐ part time?

CURRENT STATUS/HISTORY WITH NUNAVUT ARCTIC COLLEGE

Are you ☐ new to Nunavut Arctic College? ☐ returning to Nunavut Arctic College for further education?

If you are returning to Nunavut Arctic College, what is the most recent NAC program you have taken?

Program: _____

Community Location: _____

Date last registered into the program or course: _____

PERSONAL INFORMATION

STUDENT ID# _____

Last Name: _____

First Name: _____

Previous Last Name: _____

Social Insurance No.: _____

Birthdate: _____

☐ Male

☐ Female

Home Community: _____

E-mail Address: _____

PERMANENT OR MAILING ADDRESS

P.O. Box / Street: _____

Community: _____

Prov. / Terr.: _____

Postal Code: _____

Telephone: (H) _____

(W) _____

Are you a Canadian citizen?

☐ Yes

☐ No

If no, are you a

☐ landed immigrant or

☐ visa student?

Country of origin: _____

Date of entry: _____

Are you a resident of Nunavut since birth?

☐ Yes

or since _____

YY / MM / DD

Ancestry

☐ Inuit

☐ Other

Main Language Fluently Used

☐ Inuktitut

☐ Inuinnaqtun

☐ French

☐ English

☐ Other

Do you have any medical conditions the College should be aware of?

☐ Yes

☐ No

If yes, please specify: _____

CONTACT PERSON IN CASE OF EMERGENCIES

Name: _____

Relationship: _____

Telephone: _____



Application Form

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PAGE 2 OF 2

EDUCATION

Elementary/High School

What is the highest grade level you completed?

Year?

Name of school:

Location of school:

Post-secondary Education

Please list all academic institutions you have attended since leaving Elementary/High School.

Attach an additional sheet if necessary.

| Academic Institutions Attended (List most recently attended first) | Location | Program | Certification: (record of achievement, diploma, certification, degree, etc.) | | Year entered | Year left |
|--|----------|---------|---|-----------|-----------------|--------------|
| | | | To be Completed | Completed | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SPONSORSHIP

Do you plan to be self-sponsored?

☐ Yes ☐ No

Please note: if you are not planning self-sponsorship, you are responsible for contacting an agency that provides financial assistance.

If you have already obtained sponsorship, please attach proof of sponsorship to this application form, if available.

Check the appropriate sponsorship agency:

☐ Student Financial Assistance (Government of Nunavut)

☐ Employer _____

☐ Regional Inuit Association _____

☐ Government of Nunavut staff training

☐ Other _____

SIGNATURE

I certify that the information above is correct and complete. I agree to comply with all rules, regulations and policies of Nunavut Arctic College.

☐ I have made arrangements to have proof of education (transcripts) forwarded to the Registrar's Office.

Signature of Applicant: _____

Application Date: _____

YY / MM / DD

REGISTRAR'S USE ONLY

Program No.: _____ Division: _____ Location Code: _____

Accepted? _____ Date Received: _____ Student I.D. #: _____



Request for Transcript

Personal information

| | | | |
|--------------------|----------------------------|----------------|--|
| Current surname | First name | Middle name(s) | <input type="checkbox"/> Check here if your surname has changed since you were last registered in school |
| Student # | Date of birth (yyyy/mm/dd) | Gender | |
| Mailing address | Community | Postal code | |
| Email address | | | |
| Territory/province | Telephone | Fax | |

Current/most recent secondary school attended

| | | | |
|-------|------|----------------|-----------|
| Grade | Year | Name of school | Community |
|-------|------|----------------|-----------|

Transcript order (you will receive a copy of the transcript for confirmation purposes)

Transcript requests may be honoured immediately or held pending the completion of the current examination period specified. Time periods for the release of transcripts are listed below. No fees are required.

Use the following codes to indicate the time periods for which you require a transcript:

1. Immediately
2. First semester results/January exams
3. Second semester results/June exams
4. Summer school results/August exams

| Time code | Office use | Send to the following institutions | Mailing address (include community, province/territory, postal code, fax #) | College/university application # |
|-----------|------------|------------------------------------|---|----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Student signature (required)

Date

Your official transcript will include any or all of the following:

1. All secondary courses completed in Nunavut
2. Nunavut equivalencies resulting from the evaluation of out of territory documents
3. The results of departmental examinations

Note: a copy of your transcript will be sent to you at your home address.

| | | |
|---|---------------|----------------|
| Office use only | Date received | Date processed |
| Email completed form to: studenttranscripts@gov.nu.ca | | |



Housing Application

Complete this form, and return to the appropriate Campus:

☐ Residence Manager
Nunavut Arctic College
Nunatta Campus
P.O. Box 220
Iqaluit, NU X0A 0H0
Phone: (867) 979-7287
Fax: (867) 979-7101

☐ Residence Manager
Nunavut Arctic College
Kivalliq Campus
P.O. Bag 002
Rankin Inlet, NU X0C 0G0
Phone: (867) 645-5508
Fax: (867) 645-2387

☐ Residence Manager
Nunavut Arctic College
Kitikmeot Campus
P.O. Box 54
Cambridge Bay, NU X0B 0C0
Phone: (867) 983-4097
Fax: (867) 983-4106

☐ Residence Manager
Nunavut Arctic College
Piqquillirivik
P.O. Box 270
Clyde River, NU X0A 0E0
Phone: (867) 924-6044
Fax: (867) 924-6072

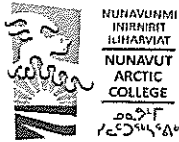
| | | | |
|--|-------------------------------|--|--|
| Last Name: _____ | | Given Name(s): _____ | |
| Permanent mailing address _____ | | | |
| P.O. Box / Street: _____ | | | |
| Postal Code: _____ | | | |
| Person to notify in case of emergency | | | |
| Name: _____ | | Relationship: _____ | |
| P.O. Box / Street: _____ | | Community: _____ | |
| Postal Code: _____ | | Phone (H): _____ Phone (W): _____ | |
| Have you lived in Nunavut Arctic College residence before? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| If yes, when? _____ | | | |
| Which Program will you be attending? _____ | | | |
| Expected date of arrival (if known): _____ | | Estimated date of departure: _____ | |
| What type of housing are you applying for? | | <input type="checkbox"/> Single <input type="checkbox"/> Family (not available at Kivalliq Campus) | |
| Complete this section for FAMILY HOUSING only: | | | |
| Name of Spouse: _____ | | | |
| Name of Children: | Date of Birth: (YY / MM / DD) | Age: | |
| _____ | ____/____/____ | _____ | |
| _____ | ____/____/____ | _____ | |
| _____ | ____/____/____ | _____ | |
| _____ | ____/____/____ | _____ | |
| _____ | ____/____/____ | _____ | |
| _____ | ____/____/____ | _____ | |
| What size of unit do you require? <input type="checkbox"/> 1-bedroom <input type="checkbox"/> 2-bedroom <input type="checkbox"/> 3-bedroom | | | |
| I, the undersigned, hereby apply for accommodation at Nunavut Arctic College. If admitted, I agree to abide by the rules of the Residences. | | | |
| In Nunatta residence/single quarters, I agree to pay for accommodation per week (Includes room and meals). | | | |
| In Nunatta family quarters, I agree to pay a damage equal to one month's rent in advance, plus a key deposit of \$800, which will be returned to me upon approved clearance from my unit. I also agree to pay rent regularly on the first day of each month. | | | |
| I agree to vacate my room or allotted accommodation within five (5) days to leaving a Program or for failing to follow the rules of the Residences. | | | |
| Signature of applicant: _____ | | Date: _____ | |



Letter of Intent – Application to Social Service Worker Program

In the space provided, tell us why you are a good candidate for the Social Service Worker Program. Some things you can include are: experience in a helping role (paid or volunteer), experience as a student, connection to your community, any training related to helping and any other information you would like the admissions committee to know about you. You can add information on the back of the page if you do not have enough space.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and some minor discoloration or faint smudges near the bottom left corner.

**Nunavut Arctic College Social Service Worker Program - Confidential Reference**

The completion of this reference form is a requirement for admission to the Social Service Worker Program at Nunavut Arctic College. The selection committee will use the information as part of the admission decision-making process to determine readiness for the program. When you have completed this form, you can fax or scan and email it to one of the locations below. The applicant will provide you with information regarding where to send the completed reference form. **Please address any questions to the contacts below.**

Applicant Name: _____**Location of Program Delivery:** _____**KITIKMEOT CAMPUS****Communities:** Kugluktuk, Gjoa Haven, Kuugaruk, Taloyoak and Cambridge Bay.

Phone: 867-983-4111

Toll-Free: 1-866-383-4533

E-Mail: kitikmeot@arcticcollege.ca.

Fax – (867)983-4106

KIVALLIQ CAMPUS**Communities:** Arviat, Baker Lake, Chesterfield Inlet, Coral Harbour, Rankin Inlet, Repulse Bay and Whale Cove

Phone: 867-645-4170

Fax: 867-645-2516

E-Mail: kivalliq@arcticcollege.ca**NUNATTA CAMPUS****Communities:** Arctic Bay, Cape Dorset, Clyde River, Grise Fiord, Hall Beach, Igloolik, Iqaluit, Kimmirut, Pangnirtung, Pond Inlet, Qikiqtarjuaq, Resolute and Sanikiluaq

Phone: 867-979-7200

Toll-Free: 1-866-979-7200

Fax: 867-979-7103

Email: nunatta@arcticcollege.ca**Reference Information (to be completed by the person giving the reference)**

| | |
|---------------|---------------|
| Name: | Organization: |
| Position: | Address: |
| Phone Number: | Signature: |

1) How long have you known the applicant?

1) How do you know the applicant?

2) What strengths, abilities and talents do you see in the applicant that would make a good Social Service Worker?

3) Do you have any concerns about the applicant as a potential Social Service Worker?

4) Do you think this applicant is ready and able to handle college-level studies?

5) Please give any additional information that would help to assess whether the applicant is suitable for the Social Service Worker Program.

Thank you for taking the time to complete this reference.

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Phone: 867-979-7200

Toll-Free: 1-866-979-7200

Fax: 867-979-7103

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| Phone Number: | Signature: |

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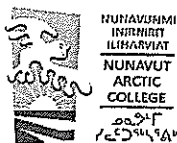
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