



**Professional Development Initiative (PDI) Program**  
**Application Form**

*Fill in form completely. Incomplete and late packages will not be reviewed.*

Applicant's Name:

Employee ID#:

Authority/Dept:

Position Title:

Community of Employment:

Work Schedule:

% (if Part Time): %

Affirmative Action Status:

**Contact Information**

Personal Mailing Address:

Email:

Phone #:

**Supervisor Information**

Supervisor's Name:

Position Title:

Email:

**Disclaimer:**

The personal information is being collected in support of your application for professional development support under the Professional Development Initiative (PDI) Program. It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act (ATIPP). If you have any questions about collection or use of the information, please contact the Manager, Strategic Learning & Talent Development at (867) 767-9105 ext. 40185.



### **PDI Activity Details**

*Please identify the activity or activities you wish to access through PDI Program funding.*

	Activity Title	Date of Activity	Location
1.			
2.			
3.			

Yes    No

Will you be participating in an on-site group activity?

### **Funding Support Details**

Proposed PDI Funding Amount: \$

*Are there additional details that you wish to provide on the PDI activities or resources being accessed for PDI Program funding? If so, please provide below.*

## Learning Plan

*The learning plan below should be created based on the needs identified in the applicant's current performance appraisal. Include non-mandatory certifications.*

### 1. Learning Priorities

*Identified topics for professional development, education, and training.*

### 2. Purpose of Training *(check all that apply)*

Develop health and social services skills

Directly relevant to role / position

Maintain license requirements *(not required to practice)*

Succession planning

### 3. Benefits

*Describe how these the proposed PDI activities / resources will support and develop your capacity in supporting the Northwest Territories Health and Social Services System.*

**Checklist**

*Before submitting your application, please confirm you have completed and attached the following:*

PDI Application Form (signed)	Yes	No	
Supporting Documentation, detailing activity (i.e. brochure, website link, etc.)	Yes	No	
Job Shadow / Mentorship / Practicum Form	Yes	No	Not applicable
Letter of Justification for International Travel	Yes	No	Not applicable

**Statement of Verification**

- *My package is complete and accurate to the best of my knowledge.*
- *I understand and do meet eligibility requirements; my learning plan supports the activity; and all supporting information is complete and accurate.*
- *I understand that final funding approval and amount will be determined by the PDI selection committee.*
- *I understand that if I incur PDI expenses before I receive funding approval from the PDI Office, I will not be reimbursed for those expenses.*
- *Where travel or time away from work is required to participate in PDI related activities, leave time has been discussed with and approved by my direct supervisor.*

***I have read the PDI Program guidelines and application form and I accept the terms and conditions as described.***

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

***I support the above noted employee's application for funding under PDI Program.***

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Printed Name COO (NTHSSA Regions)  
Director of HSS (TCSA)  
CEO (HRHSSA)  
ADM Corporate Services (DHSS)

\_\_\_\_\_  
Signature COO (NTHSSA Regions)  
Director of HSS (TCSA)  
CEO (HRHSSA)  
ADM Corporate Services (DHSS)

**Please submit the completed application form and supporting documentation to: [pdi@gov.nt.ca](mailto:pdi@gov.nt.ca).**