



## APPLICATION FOR MENTOR-APPRENTICE PROGRAM

The Mentor-Apprentice Program is a way of learning a language where a fluent speaker of the language (a mentor) teaches a committed language learner (an apprentice) by doing everyday activities using only their Indigenous language. The goal of the program is to have apprentices increase their ability to understand and speak their language. Spoken language is the focus of the program.

To be eligible, applicants must be 18 years of age or older. Priority will be given to Indigenous applicants that reside in the Northwest Territories and those with a demonstrated commitment to sharing language with others upon completion of the program.

This program is open to learners of all levels. Ten pairs per Indigenous Government partnership will be selected to participate. Mentor-Apprentice Program pairs must complete this application together.

*Une version française de ce document est disponible.*

### Apprentice Information

Last Name:	First Name:	
<input type="checkbox"/> I confirm I am 18 years of age or older.		
Mailing Address (include no., street, apt. no., PO box, postal code):		
City/Community:	Province/Territory:	
Phone:	Email:	
Do you identify as an Indigenous person (i.e., First Nation, Inuit, Métis)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please indicate your Indigenous Government:	Please indicate your Indigenous language group:	
<input type="checkbox"/> Akaitcho Territory Government <input type="checkbox"/> Dehcho First Nation <input type="checkbox"/> Gwich'in Tribal Council <input type="checkbox"/> Inuvialuit Regional Corporation <input type="checkbox"/> Northwest Territory Métis Nation <input type="checkbox"/> Sahtú Dene Council <input type="checkbox"/> Tł'chǫ Government	<input type="checkbox"/> Dene Kədá <input type="checkbox"/> Dene Zhatié <input type="checkbox"/> Dëne Sųłiné <input type="checkbox"/> Dinjii Zhu Ginjik <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> Inuvialuktun <input type="checkbox"/> nēhiyawēwin <input type="checkbox"/> Tł'chǫ	
What is your current language level?	<b>Emergent</b> (have no language knowledge. <input type="checkbox"/> May know some words and phrases such as colours, numbers, or greetings.)	<b>Intermediate</b> (have some language knowledge. <input type="checkbox"/> Can have simple conversations in the language.)
	<b>Beginner</b> (have a little language knowledge, including basic phrases. Understand more than can speak.)	<b>Advanced</b> (have extensive language knowledge in areas of language experience. Can take part in daily conversations with some ease and fluency.)

Describe your involvement with language related activities.	<input type="checkbox"/> None	<input type="checkbox"/> Attended language classes at school
	<input type="checkbox"/> Teach children basic greetings/phrases	<input type="checkbox"/> Participated in community language programs
	<input type="checkbox"/> Indigenous language/linguistic programs	<input type="checkbox"/> Other _____
What is your relationship to your mentor?	<input type="checkbox"/> Relative (e.g., daughter, nephew, cousin)	<input type="checkbox"/> Community Member
	<input type="checkbox"/> Friend	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> Colleague	
What is your current employment status?	<input type="checkbox"/> Employed Full-time	<input type="checkbox"/> Post-secondary Student Full-time
	<input type="checkbox"/> Employed Part-time	<input type="checkbox"/> Post-secondary Student Part-time
	<input type="checkbox"/> Stay-at-home Parent	<input type="checkbox"/> Retired
	<input type="checkbox"/> Currently not Employed	<input type="checkbox"/> Other (specify) _____
<p>Describe your language learning goals. (<i>language goals can be related to topics you would like to learn about, e.g., introducing yourself, having conversations in your language, getting your children dressed using your language, or based on feelings, e.g., feeling more connected to your relatives, feeling more confident speaking your language, etc.</i>)</p>		
<p>List the topics or areas of interest you will focus on during this program. (<i>e.g., daily household activities, salutations and greetings, common expressions and commands, or learning language on the land, etc.</i>)</p>		

## Program Outline

Over the course of the program you will be working towards completing 200 hours of language immersion time. Please consider how you would plan your learning sessions for a typical week.

Fill in the approximate number of hours per day and the weekly total your Mentor-Apprentice Program pair would complete. You should complete approximately 5-7 hours of language immersion each week. For example: Sunday 3 hours, Wednesday 1.5 hours, Friday 2.5 hours for a total of 7 hours.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total Hours
Week 1								

Describe how your Mentor-Apprentice Program pair will work together to complete your language immersion hours.  
(e.g., cook and eat meals together, listen to Elder stories, look at photo albums together, practice traditional activities like fileting fish together, etc.)

How will your Mentor-Apprentice Program pair balance your home, work and community responsibilities with your Mentor-Apprentice Program language learning (keeping in mind that you will need to spend 5-7 hours together per week?)

## Mentor Information

Last Name:

First Name:

Mailing Address (include no., street, apt. no., PO box, postal code):

City/Community:

Province/Territory:

Phone:

Email:

## Mentor Language Experience

What is your fluency level?  
(check all that apply)

<input type="checkbox"/>	Intermediate (have some language knowledge. Can have simple conversations in the language.)	<input type="checkbox"/>	Speak
<input type="checkbox"/>	Advanced (have extensive language knowledge in areas of language experience. Can take part in daily conversations with some ease and fluency.)	<input type="checkbox"/>	Read
<input type="checkbox"/>	Fluent (have the ability to express any idea without hesitation, with good vocabulary and grammar.)	<input type="checkbox"/>	Write

Have you been a  
Mentor-Apprentice Program  
Mentor before?

Yes     No    If yes, what year did you  
complete the program in?

What is your current  
employment status?

<input type="checkbox"/>	Employed Full-time	<input type="checkbox"/>	Post-secondary Student Full-time
<input type="checkbox"/>	Employed Part-time	<input type="checkbox"/>	Post-secondary Student Part-time
<input type="checkbox"/>	Stay-at-home Parent	<input type="checkbox"/>	Retired
<input type="checkbox"/>	Currently not Employed	<input type="checkbox"/>	Other (specify) _____

What is your involvement with language teaching and learning?

<input type="checkbox"/> None	<input type="checkbox"/> Attended language classes at school
<input type="checkbox"/> Teach children basic greetings/phrases	<input type="checkbox"/> Participated in community language programs
<input type="checkbox"/> Indigenous language/linguistic programs	<input type="checkbox"/> Other (specify) _____

Provide details on your involvement with language teaching and learning, if any.

## Training Workshop

A mandatory training workshop will be held for Mentor-Apprentice Program pairs. To participate in the program, both the apprentice and mentor must attend the workshop. Travel costs for the training workshops are covered by the Government of the Northwest Territories, and may involve travel to another community or regional centre.

Apprentice:	<input type="checkbox"/> I will be able to attend.
Mentor:	<input type="checkbox"/> I will be able to attend.

## Declaration and Consent

- We certify that the information we have provided is true and accurate.
- We understand that if we're accepted into the program, our names and images may be used to raise awareness of the program and its objectives, and that we will be expected, if able, to participate in events to achieve these objectives. We agree to these terms.
- We understand that our information is being collected under the authority of the *Official Languages Act* and *Access to Information and Protection of Privacy (ATIPP) Act*, Section 40(1)(c), and will be used to determine our eligibility for the Mentor-Apprentice Program and for the general administration and enforcement of this program. The privacy provisions of the *ATIPP Act* protect my information, and we have the right to examine and request correction of our records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of this information, contact the Director of Indigenous Languages and Education Secretariat, Department of Education, Culture and Employment at 867-767-9364.

X

Apprentice Signature

(yyyy/mm/dd)

X

Mentor Signature

(yyyy/mm/dd)

## Application Checklist

Please ensure you include the following documents to be considered for the Mentor-Apprentice Program. If you need help with completing your application or any of the supporting documentation, please contact a Mentor-Apprentice Program Project Coordinator at [Indigenous\\_languages@gov.nt.ca](mailto:Indigenous_languages@gov.nt.ca).

- Mentor-Apprentice Program Application Form
- Letter or video of intent from the apprentice (your 1-2 page letter or video should clearly outline your commitment to your language and interest in the program. Include why you want to learn your language, why you think the Mentor-Apprentice Program will work for you, how you plan to balance your work/life commitments with your Mentor-Apprentice Program commitments and specific intentions to pass on the language.)
- Résumé of the apprentice (your résumé should be 1-2 pages)

## Submit your Application

Please complete this form and send it and your supporting documentation by the deadline to:

Email: [Indigenous\\_languages@gov.nt.ca](mailto:Indigenous_languages@gov.nt.ca)

Mail:

Indigenous Languages and Education Secretariat  
Department of Education, Culture and Employment  
Government of the Northwest Territories  
P.O. Box 1320  
Yellowknife, NT X1A 2L9