

**INUIT LANGUAGE PLAN**

**INSTRUCTIONS**

The following sections are organized according to the different linguistic obligations. For each obligation, you will need to complete an **assessment** and describe your organization’s **initiatives**.

The **assessment** describes your organization’s operations and its ability to provide services in the Inuit language on the date the Inuit Language Plan is submitted. This gives the Languages Commissioner context when evaluating your Inuit Language Plan. Based on the assessment, you will need to plan **initiatives** to meet your Inuit language obligations. Each section will require a description of the measures and actions your organization plans to accomplish and the timeline for implementing those measures and actions. If your organization has already carried out steps to achieve its obligations, this can be described in the “Measures/actions” section, indicating the target date as “completed”.

Please submit this document to the Office of the Languages Commissioner at:

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| **Email**  [langcom@langcom.nu.ca](mailto:langcom@langcom.nu.ca) | **Mail**  PO Box 309  Iqaluit, NU  X0A 0H0 | **Fax**  867-979-7969 |

If you have any questions about this form or the process, please contact us by email at [langcom@langcom.nu.ca](mailto:langcom@langcom.nu.ca) or by phone at 867 975-5080 or 1-877-836-2280 (toll-free).

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| 1. INFORMATION ABOUT THE ORGANIZATION | | | |
| Name of the organization: | | | |
| Type of entity: | Corporation  Partnership  Union  Sole-proprietorship | Society  Municipality  Association  Cooperative | Federal institution  Other  Please specify: |
| Number of offices: |  | | |
| Locations of offices: |  | | |
| What is your organization’s sector of activity? |  | | |
| Describe the services your organization provides to the public: |  | | |
| Does your organization currently have policies in place respecting communications with or delivery of services to the public in the Inuit language? |  | | |
| What are your organization’s current practices for communicating with or delivering services to the public in the Inuit language? |  | | |

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| CONTACT INFORMATION | |
| Name of contact: | |
| Mailing address: | |
| Phone: | Fax: |
| Email: | Website: |

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| 1. OBLIGATIONS FOR ALL ORGANIZATIONS | | | | |
| SIGNS | | | | |
| Assessment | | | | |
| When the Inuit language is at least as prominent as other languages used, indicate it with (+); if not, please use (-). | | | | |
|  | Always available | Sometimes available | Never available | Not applicable |
| Signs on buildings |  |  |  |  |
| Signs on vehicles |  |  |  |  |
| Hours of operation signs |  |  |  |  |
| Parking signs |  |  |  |  |
| Directional signs |  |  |  |  |
| Signs identifying services or groups of products |  |  |  |  |
| Exit signs |  |  |  |  |
| Emergency signs |  |  |  |  |
| Other: |  |  |  |  |

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| Initiatives | |
| Measures/actions | Target date |
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| POSTERS AND COMMERCIAL ADVERTISING | | | | |
| Assessment | | | | |
| When the Inuit language is at least as prominent as other languages used, indicate it with (+); if not, please use (-). | | | | |
|  | Always available | Sometimes available | Never available | Not applicable |
| Posters |  |  |  |  |
| Flyers or brochures |  |  |  |  |
| Promotional materials |  |  |  |  |
| Radio ads |  |  |  |  |
| Television ads |  |  |  |  |
| Newspaper ads |  |  |  |  |
| Social media advertising/posts |  |  |  |  |
| Other: |  |  |  |  |

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| Initiatives | |
| Measures/actions | Target date |
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| RECEPTION SERVICES AND CUSTOMER OR CLIENT SERVICES | | | | |
| Assessment | | | | |
|  | Always available | Sometimes available | Never available | Not applicable |
| Correspondence |  |  |  |  |
| Client greeting – in person |  |  |  |  |
| Client greeting – by phone |  |  |  |  |
| Voicemail messages |  |  |  |  |
| Online customer or client services |  |  |  |  |
| Other: |  |  |  |  |
| STAFFING | TOTAL | | INUIT LANGUAGE-SPEAKING | |
| Number of staff working for your organization |  | |  | |
| Number of staff providing reception services |  | |  | |
| Number of staff providing customer or client services |  | |  | |

Reception services and customer or clients services

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| Initiatives | |
| Measures/actions | Target date |
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| 1. OBLIGATIONS ON ORGANIZATIONS PROVIDING PARTICULAR SERVICES | |
| Do you offer essential services such as emergency, rescue, similarly urgent services or interventions, including intake or dispatch services? | Yes  No |
| Do you offer health, medical or pharmaceutical services? | Yes  No |
| Do you offer household, residential or hospitality services, including: restaurant, hotel, lodging, residential, housing services? | Yes  No |
| Do you offer basic services to a household, including the supply of electricity, fuel, water and telecommunications? | Yes  No |
| **If you answered yes to any of the previous questions**, you must complete all the tables of this section. If you answered no, please skip to section 4. | |

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| Notices, warnings or instructions | | | | |
| Assessment | | | | |
|  | Always available | Sometimes available | Never available | Not applicable |
| Notices |  |  |  |  |
| Warnings |  |  |  |  |
| Restaurant menus |  |  |  |  |
| Hotel room instructions |  |  |  |  |
| Drug use instructions |  |  |  |  |
| Instructions on services |  |  |  |  |
| Other: |  |  |  |  |

Notices, warnings or instructions

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| Initiatives | |
| Measures/actions | Target date |
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| Monthly bills, invoices and similar demands | | | | |
| Assessment | | | | |
|  | Always available | Sometimes available | Never available | Not applicable |
| Monthly bills |  |  |  |  |
| Invoices |  |  |  |  |
| Water supply monthly bills |  |  |  |  |
| Fuel supply monthly bills |  |  |  |  |
| Telecommunications monthly bills |  |  |  |  |
| Other: |  |  |  |  |

Monthly bills, invoices and similar demands

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| Initiatives | |
| Measures/actions | Target date |
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| 1. COMMUNICATION OF THE PLAN |
| How will you let your clients know about your Inuit Language Plan? |
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| How will you let your clients know they can communicate with you in the Inuit language? |
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I certify that the information contained in this application, and all other attached documentation is accurate and true in all respects. I understand that any approval of the Inuit Language Plan obtained based on inaccurate or false information can result in the revocation of the approval.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_