

## **APPLICATION FORM**

This form can be provided in other official languages of Nunavut upon request.

Course Name		Date(s)			Location
Name:					
Department:					
Job Title:					
Telephone:			Email:		
Community:					
Employment:	☐ Indeterminate ☐ Term ☐ Casual				
* Are you an Inuk enrolled under the Nunavut Agreement?					
Signature:					
Supervisory approval is required for participation in all courses.					
Supervisor's Name:					
Supervisor's Title:					
Signature:					

Applications will be notified of their acceptance on a "first-come, first-served" basis. If there are more applications than the course can hold, a waitlist will be created.

Please provide notice of withdrawal as soon as possible in order to allow others to participate.

If you have a disability and require support or accommodation during training, we encourage you to identify your needs when registering.

## PLEASE SEND THIS SIGNED APPLICATION TO:

Information Managment@gov.nu.ca

<sup>\*</sup> In compliance with Article 23 of the Nunavut Agreement, the collection of this information will be used solely for statistical research purposes. This information will not determine preference and/or priority for course registration.