**APPLICATION FORM**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Name: Seasonal weather patterns | | | Location: Aqsarniit hotel | | |
| Facilitator: Geetaloo Kakkee | | |  | | |
| Date(s): | January 12, 2024 | Start Time: | 10:30 | End time: | 11:45 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | |
| Department: |  | | | | | |
| Job Title: |  | | | | | |
| Work Telephone: |  | | Email: | |  | |
| Community: |  | | | | | |
| Employment: | . Indeterminate . Term . Casual | | | | | |
| \*Are you an Inuk enrolled under the Nunavut Agreement? | | | | . Yes | | . No |
| Signature: | |  | | | | |

**Supervisory approval is required for participation in all courses.**

|  |  |
| --- | --- |
| Supervisor’s Name: |  |
| Supervisor’s Title: |  |
| Supervisor’s Email: |  |
| 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:**

[**equpee@gov.nu.ca**](mailto:equpee@gov.nu.ca)

\* 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.