

∆⁵ههمکههکی که Department of Human Resources Havaktuliqiyikkut Ministère des Ressources humaines

## 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:	

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

Upon acceptance into the program or course, the vendor offering it will disclose your progress, attendance, and results (for example, pass/fail or complete/incomplete) to the Department of Human Resources' Public Service Training division. This information will be shared in accordance with your signed registration form.

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

Should you require support or accommodation during training, please identify your needs when registering.

PLEASE SEND THIS SIGNED APPLICATION TO:

training@gov nu ca