

∆ნხი.∆სნი ბაძნ 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	
NI						
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 N	lame:	-	_			
Supervisor's T	itle:					
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:

training@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.