



### 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:	<input type="checkbox"/> Indeterminate <input type="checkbox"/> Term <input type="checkbox"/> Casual		
* Are you an Inuk enrolled under the Nunavut Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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:**

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