



ᓄᓇᓂᓴᑦ ᐃᖃᓗᓕᓕᓂᓴᑦ
ᐃᓕᓐᓂᐱᓂᓴᑦ ᓂᓂᓴᖃᓂᓴᑦ
NUNAVUT FISHERIES
TRAINING CONSORTIUM

Application for Training
Application must be completed in full

1. Name: _____
(First) (Middle) (Last)

2. Male Female

3. Aboriginal Status:

Inuit Status Indian Non-status Indian Métis

4. Date of Birth: _____
Month Day Year

5. Mailing Address: Post Office Box _____
Community _____
Postal Code _____

6. Do you have a home phone number? Yes No

If yes, please provide your home phone number: _____

If no, do you have access to a phone? Yes No

If yes, please provide the number and whose number it is: _____

7. What is your marital status?

Single Married Common law Divorced Widowed

If applicable, please state the name of your spouse or common law partner: _____

8. Dependents

Name	Relationship	Date of Birth	Health Card # (attach copy)

9. Identification Documents – do you have the following cards, please provide numbers and copies.

Document	Yes	No	Name on Document	No. on Document
Birth Certificate				
NTI or other status card				
Social Insurance #				
Driver's License				
GN Photo ID				
Passport				
Health Card				

10. In order to be accepted into a training program and to be employed on a boat, you must have an RCMP criminal record check. Please attach a copy of the Criminal Record Check to this application.

11. Check the highest level of education that you have completed.

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Grade 8 or lower | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Adult Basic Education |
| <input type="checkbox"/> Grade 9 | <input type="checkbox"/> Grade 12 | <input type="checkbox"/> College |
| <input type="checkbox"/> Grade 10 | <input type="checkbox"/> GED | |

12. Please list any courses you have taken with NFTC?

Name of Course	Dates Taken

13. Have you taken any other training programs (college, heavy equipment operator, trade school, etc.)?

Name of Course	Dates Taken	Name of School

14. Medical Condition: Do you have any medical conditions that could prevent you from passing a medical exam (eg. serious heart or lung conditions, chronic illness, back or joint pain, vision problems)?

Yes No Not Sure

If you answer yes, you may have to reveal the condition to NFTC before being considered for training as it may keep you from passing the required Marine Medical Examination. You will be required to undergo a Marine Medication Examination for most courses. Do you agree? Yes No

15. Work History: Have you worked in the past twelve months? If so, please complete the following:

<i>Name of Company</i>	<i>How long did you work there?</i>	<i>Type of Work</i>	<i>Hourly Wage</i>	<i>Can we contact them?</i>

16. Are you currently receiving either:
 EI – Employment Insurance OR Income Support

17. Have you ever worked on a fishing boat? Yes No

If so, what did you do on the boat? _____

18. Do you know anyone who works on the boats? Yes No

19. Why do you want to attend this training program? _____

20. Would you be willing to sign a contract in which you agree to abide by the rules of NFTC, the rules of any accommodations that you are in while you are in the training program, you agree to attend all classes and participate fully and you acknowledge the cost of this program? Yes No

21. Are there any barriers to you participating in this course (eg. child care, transportation, financial, addictions issues, learning problems, etc.)?

Yes No Not Sure If yes, please give details _____

21. Please check the courses that you are interested in taking (please choose only two):

- | | |
|--|---|
| <input type="checkbox"/> Presea /MEDA1 (Deckhand) | <input type="checkbox"/> Marine Diesel Mechanic |
| <input type="checkbox"/> Factory Worker/Supervisor | <input type="checkbox"/> Fishery Observer |
| <input type="checkbox"/> Quality Control Manager | <input type="checkbox"/> Bridge Officer |
| <input type="checkbox"/> Netmaking | <input type="checkbox"/> Advanced Marine Emergency Duty |
| <input type="checkbox"/> Marine First Aid | <input type="checkbox"/> Fishing Masters |
| <input type="checkbox"/> Small Engine Repair | <input type="checkbox"/> Vessel Maintenance |

22. As part of the application process, you will need to take a literacy and numeracy test. They are also found on our website (www.nftconsortium.org). Please complete and provide us the results.

Please sign and date below.

I, _____, understand that portions of this information will be shared with Human Resources and Skills Development Canada and may be shared with fishing companies for employment purposes. I declare that the information provided on this questionnaire is true and correct and I understand that providing false information will result in dismissal from the training program.

Signature of Applicant

Date

If you have any questions or comments regarding this application or any of our training programs, please contact:

Nunavut Fisheries Training Consortium Toll Free: 1-866-832-9115

Applications and all documentation may be faxed or mailed to:

Fax (867) 979-7852 Post Office Box 1349, Iqaluit, NU X0A 0H0

Or dropped off at Building 208 (Hunters and Trappers Building) in Iqaluit

Or emailed to training@nftconsortium.ca