

Application for Training

Name

First		Middle	Last	Last	
Date of Birth		Gender	Marital Status		
Aboriginal Status	Inuit	Status Indian	Non-Status Indian	Metis	
Beneficiary Number	· (NTI Card N	lumber)			
Social Insurance Nu	mber				

Mailing Address

PO Box	Community	Postal Code				
Phone Number	Email Address					
Language Spoken	Inuktitut	English	French	Other		
Language Written	Inuktitut	English	French	Other		

Identification Documents

Do you have the following cards, please provide numbers and copies.

Birth Certificate		
NTI Card		
Social Insurance number		
Driver's License		
Passport		
Health Card		
Covid vaccine card		



Dependants			
Number of Depend	ants		
Name	Relationship	Date of Birth	Health Care Card # (attach copy)
Banking Information	on		
Training allowances	s are paid by direct de	posit. Please provide your	banking information as follows:
Bank		Branch	
Transit #		Account	:#
Name on Account			
* We will require ve	erification from your b	oank to ensure all informat	ion is correct.
Highest level of edu	ıcation you have com	pleted.	
Grade 8 or lower	Grade 9 Gra	de 10 Grade 11 (Grade 12
College	Upgrading to Grad		
Have you ever take	n a course from NFM	TC before? YES NO	
Name of Course		Dates To	aken
- · · · · · · · · · · · · · · · · · · ·	other training progr		
	iipment operator or t	rade school)? YES N	0
Name of School		Name of Course	Dates Taken



Medical Condition

Do you have any medical conditions that could prevent you from passing a medical exam such as a serious heart or lung conditions, chronic illness, back or joint pain, vision problems

Yes No Not Sure

If YES, you may have to reveal the condition to NFMTC before being considered for training as it may keep you from passing the required medical exam.

Work history

Have you worked in the part of	past 12 months? If so, please complete How long did you work there?	the following: Type of work	
Can we contact them?		Yes	No
Are you currently receivi	ng		
EI – Employment Insuran	nce	Yes	No
Income Support		Yes	No
Have you ever worked or	n a fishing boat before?	Yes	No
If so, what job did you ha	ave?		
Do you know anyone wh	o works on the boats?	Yes	No
Why do you want to atte	end this training program?		
Would you be willing to	sign a contract in which you agree to a	abide by the rules of NFMTC, t	he rules o
any accommodations tha	at you are in while you are in the training	g program, you agree to attend	ALL classe
and participate fully and	acknowledge the cost of this program	Yes	No
Are there any barriers to	you participating in this course?		
(Eg. Childcare, transporta	ation, financial, addictions issues, learn	ing problems) Yes	No
If YES, please specify			



Please sign and date below.

I, understand that portions of this information will be shared with NFMTC funding partners and may be shared with fishery companies for employment purposes. I declare that the information provided on this application is correct and 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 the training programs, please contact:

Nunavut Fisheries Training Consortium Tel: 1-866-832-9115

Applications may be emailed or mailed to:

PO Box 1349, Iqaluit NU XOA 0H0

Email: apply@nfmtc.ca