



ᓄᓇᓂᓯ ᐃᓴᐱᓕᓂᓯᓯᓂᓂᓯ  
 ᐃᓴᓯᓂᓯᓯᓂᓂᓯᓂᓂᓯ ᐃᓕᓂᓯᓂᓯᓂᓂᓯᓂᓂᓯ ᓂᓂᓯᓂᓂᓯᓂᓂᓯ



**NUNAVUT FISHERIES AND  
 MARINE TRAINING CONSORTIUM**

**Dependants**

Number of Dependants

<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Health Care Card # (attach copy)</i>

**Banking Information**

Training allowances are paid by direct deposit. Please provide your banking information as follows:

Bank	Branch
Transit #	Account #
Name on Account	

\* We will require verification from your bank to ensure all information is correct.

Highest level of education you have completed.

Grade 8 or lower	Grade 9	Grade 10	Grade 11	Grade 12
College	Upgrading to Grade 12		ABE	

Have you ever taken a course from NFMTTC before? YES NO

<i>Name of Course</i>	<i>Dates Taken</i>

Have you taken any other training programs?  
 (College, heavy equipment operator or trade school)? YES NO

<i>Name of School</i>	<i>Name of Course</i>	<i>Dates Taken</i>

ᓄᓇᑲᑦ ᐃᑭᓄᓐᓂᑦᑦᑦ

ᐃᑲᑦᑲᑦᑲᓐᓂᑦᑦᑦ ᐃᓐᓂᐳᐳᓐᑲᓐᑲᓐᓂᑦᑦᑦ ᑲᓄᑦᑲᑦᑲᓐᑲᓐ



**NUNAVUT FISHERIES AND  
MARINE TRAINING CONSORTIUM**

### 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 NFMTTC before being considered for training as it may keep you from passing the required medical exam.

### Work history

Have you worked in the past 12 months? If so, please complete the following:

<b><i>Name of Company</i></b>	<b><i>How long did you work there?</i></b>	<b><i>Type of work</i></b>
-------------------------------	--	----------------------------

---



---



---



---

Can we contact them?	Yes	No
----------------------	-----	----

Are you currently receiving EI – Employment Insurance	Yes	No
--	-----	----

Income Support	Yes	No
----------------	-----	----

Have you ever worked on a fishing boat before?	Yes	No
--	-----	----

If so, what job did you have?

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

Why do you want to attend this training program?

Would you be willing to sign a contract in which you agree to abide by the rules of NFMTTC, 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 acknowledge the cost of this program	Yes	No
---	-----	----

Are there any barriers to you participating in this course? (Eg. Childcare, transportation, financial, addictions issues, learning problems)	Yes	No
---	-----	----

If YES, please specify

---



---

