

## **Application for Training**

Course Applying for	·				
Name					
First		Middle		Last	
Date of Birth		Gender		Marital Sta	tus
Aboriginal Status	Inuit	Status Indian	Non-Status In	dian	Metis
Beneficiary Number	(NTI Card Nun	nber)			
Social Insurance Nu	mber				
Mailing Address PO Box	Comi	Community Postal Cod		e	
Phone Number			Email Address	ddress	
<b>Dependants</b> Number of Dependa	ants	Relationship	Date of Birth		Health Care Card #
Identification Docu	ments				
Do you have the foll	owing cards.				
Document	Yes	No	<b>Document Number</b>		
Birth Certificate					_
Health Card					
Passport					
Government ID Card	t				
Drivers License					



## **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

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.

## Education

Highest level of education you have	e completed.		
Have you ever taken a course from	n NFMTC before?	Yes	No
Name of Course	Dates Taken		
Have you taken any other training	programs?	Yes	No
Name of School	Name of Course	Dates Taken	

## **Work history**

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

Name of Company	Length of Employment	Type of work	Hourly wage	
-				
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 fish	ing boat before?		Yes	No
If so, what job did you have?				
Do you know anyone who work	s on the boats?		Yes	No

	nt to attend this training program?		
How did you he	ar about NFMTC		
any accommoda	villing to sign a contract in which you agree to abide by the rules outions that you are in while you are in the training program, you agree		
	fully and acknowledge the cost of this program	Yes	No
•	arriers to you participating in this course?		
(Eg. Childcare, t	ransportation, financial, addictions issues, learning problems)	Yes	No
If YES, please sp	ecify.		
References Name	Relationship to reference Contact Number E	mail	
Please sign and	date below.		
l,	understand that portions of this infor	mation will	be shared
with NFMTC fur	nding partners and may be shared with fishery companies for em	ployment p	ourposes. I
declare that the	information provided on this questionnaire is correct and understand	nd that prov	viding false
information will	result in dismissal from the training program.		
Signature of App	olicant Date		