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**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

*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.*

**Education**

Highest level of education you have completed. \_\_\_\_\_

Have you ever taken a course from NFMTTC 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 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

