



Δαααααααααα Δαααααααααα REGISTRATION FORM

Δααααα Δαααααααααα Δαααααααααα Δαααααααααα:
Please register me for the following session(s):

Δαααααααααα ααααα / Course Name: _____

ααα / Location: _____ Αααααααα ααααα / Course start date: _____

Δαααααααααα αααααααααααααα / Registrant Information

- ααααα Female αααααααααααα αααααααααα? Yes
- ααααα Male Are you a Nunavut Beneficiary? No

ααααα / Name: _____

Δαααααααααα / Employer: _____

Δαααααααααα / Position: _____

Δααααααααααααααααααααααααααααααααα / Address: _____

ααααααααααααααααααααααααααααααααα / Community: _____

Δααααααααααααααααααααααααααααααααα / Telephone: _____

Δααααααααααααααααααααααααααααααααα / Fax: _____

ααααααααααααααααααααααααααααααααα / e-mail: _____

Δααααααααααααααααααααααααααααααααα / Date of Birth: _____

ααααααααααααααααααααααααααααααααα / Highest grade completed: _____ αααααααααα / Year: _____

ααααααααααααααααααααααααααααααααα / College: _____ Δααααααααααααααααααααααααααααααααα / University: _____

Δααααααααααααααααααααααααααααααααα? What is your current status before training?

- 1. Δααααααααααααααααααααααααααααααααα / Employed Δααααααααααααααααααααααααααααααααα / Unemployed
- 3. Δααααααααααααααααααααααααααααααααα / Income Support
- 4. Δααααααααααααααααααααααααααααααααα / E.I.
- 5. αααααααααα / Other (ααααααααααααααααααααααααααααααααα / Specify): _____

ᐋᕐᕆᕐᕈᓂᕐ ᐃᑦᐃᕐᕈᓂᕐ ᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ

Declaration & authorization to release information.

1. ᐱᕐᕈᓂᕐ ᐃᑦᐃᕐᕈᓂᕐ ᐈᐈᕐᕈᓂᕐ ᕐᓂᓂᕐ ᐱᕐᕈᓂᕐ, ᕐᕈᓂᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ, ᐱᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᕐᓂᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ / I certify that the information given above is true, correct, completed and understand that it may be subject to verification.

2. ᓂᐃᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐈᐈᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ / I hereby authorize Human Resource Development Canada to release information about the status and benefit rate of Employment Insurance claim to authorized Nunavut CEDOs to determine my eligibility for the program and/or for alternative income support.

3. ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ / I hereby authorize the MTO to release and share information about the status, sponsorship information and costs to Nunavut Government determine my eligibility for the program and/or for alternative income support.

4. ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ / I authorize the MTO to release information on the results of my training to my employer and funding agencies as required.

5. ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ / This authorization will remain UNLESS I give written instruction to cancel the authorization.

ᐅᓂᕐ / Date

ᐋᓂᐃᕐᐃᕐᕈᓂᕐ / Signature

ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ / Approved by:

ᐋᓂᐃᕐᐃᕐᕈᓂᕐ / Signature

ᐈᐈᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ / Print Name & Position



ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ ᐋᓂᐃᕐᐃᕐᕈᓂᕐ
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