



REGISTRATION FORM

Please register me for the following course (the “**Course**”):

Course Name: _____

Location: _____ Course Dates: _____

Applicant Information

Full Name: _____

Address: _____

Community: _____

Work Telephone: (_____) _____ Work E-mail: _____

Personal Telephone: (_____) _____ E-mail: _____

Date of Birth (DD/MM/YYYY): _____

Gender (Male/ Female/Prefer not to answer): _____

Are you a Nunavut Beneficiary? Yes No

Employment Information

Are you employed? Yes No

Employer: _____

Job Title: _____

Supervisor's Name: _____

Supervisor's Email: _____

Supervisor's Telephone: (_____) _____

Are you a volunteer in the community? (Firefighter, ground search and rescue, etc.) Yes No

If yes, what is your position? _____

Online Course Applicants

Do you have access to a computer with videoconferencing features? Yes No N/A
Do you have access to internet to attend training? Yes No N/A

Education Information

Highest level completed: _____ Year Completed: _____

APPLICANT DECLARATION & AUTHORIZATION

By signing below, I, the undersigned, declare and authorize that:

- all information I have provided in this Form (collectively, "**Information**") is true, correct and complete, and may be subject to verification by MTO;
- MTO may rely on the Information in connection with its administration and delivery of the Course;
- I will meet all Course requirements identified by MTO prior to the start of the Course, including a minimum attendance requirement of 80%
- I will complete each Course assignment, as directed by MTO;
- I grant MTO, including its funding agencies and any others it may authorize ("**affiliates**"), the right to collect and use my photograph, image and/or likeness, including audio and video recordings, and any comments made by or attributable to me ("**Content**"). I waive any rights related to such Content. I further grant MTO and its affiliates the right to modify, publish, or otherwise reproduce the Content, in all forms and manner, including in print and digital media, on its website, on its social media accounts (such as Facebook, Twitter and Instagram), in media releases, and in broadcasts, without payment or notice to me, in connection with its promotional, educational, funding and recruitment programs and materials. I acknowledge that MTO may, but is not obligated to, consult with me on the proposed use of the Content. I may withdraw my consent for use of my Content by providing written notice to MTO and understand that MTO will then make reasonable efforts to remove my Content under its direct control. I also understand withdrawal of consent does not have retroactive effect. I further release and hold harmless MTO and its affiliates from any claims or liability related to use of my Content;
- MTO may share any of my Information and any information related to my participation in the Course with my employer, as identified on page 1 of this Form, and any of its affiliates;
- I have read MTO's Code of Conduct (available at: nmt0.ca/en/code-of-conduct) and agree to comply with its terms throughout the Course, in addition to the terms of any other MTO policy identified by MTO and made available to me, each as may be updated from time to time (collectively, the "**MTO Policies**");
- I may be expelled from the Course if MTO determines, in its sole discretion, that I have breached any of the MTO Policies;
- if approved for participation in the Course by MTO, I will promptly provide MTO with a fully executed version of the attached "Sponsorship / Approval Form";
- if any of my Information changes, or if I subsequently become aware of any errors or omissions in the Information, I will immediately notify MTO; and
- I have carefully reviewed this Form and understand the above terms and agree to be bound by them.

Applicant Signature

Date (DD/MM/YYYY)