



Form NTNP-01

OFFICE USE ONLY

File #: _____

Date Received for Assessment by NTNP

YY/MM/DD / /

Northwest Territories' Nominee Program

NOMINEE INFORMATION FORM

- Please complete all sections of this form. If a question doesn't apply please write "n/a".
- If you have any questions or need help with the forms please contact program staff at 1-855-440-5450 or email immigration@gov.nt.ca.

Which Nominee Program stream are you applying under?

Critical Impact Worker

Skilled Worker

Express Entry

Business Stream

1. Personal Information

Last Name (family name):

Given Name(s):

Residential Address (Street):

City/Town:

Province/Territory:

Country:

Postal Code:

Mailing Address (if different from above):

City/Town:

Province/Territory:

Country:

Postal Code:

Telephone Number :

()

Cellular Number:

()

Email Address:

Date of Birth - YY/MM/DD:

/ /

Place of Birth (City and Country):

Gender:

Male

Female

Citizenship (Country):

Mother Tongue:

If you currently have a Temporary Work Permit, please indicate:

Client ID:

Expiry Date - YY/MM/DD:

/ /

2. Previous Immigration to Canada

Have you ever applied for admission into Canada as an immigrant?

NO

YES

If 'Yes', please provide more information below

Province/Territory of Application:

Type of Application:

Dates of Application Decision- YY/MM/DD:

/ /

Have you ever been refused admission into Canada as an immigrant?

NO

YES

If 'Yes', please provide more information below

Province/Territory of Application:

Type of Application:

Dates of Application Decision- YY/MM/DD:

/ /

3. Education Information (Include information on secondary school, technical training, college, university, etc.)

Name of Institution	Date Started YY/MM/DD	Date Ended YY/MM/DD	Program	Certification Obtained
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

4. Employment History (last 5 years including current employment)

Name of Institution	Date Started YY/MM/DD	Date Ended YY/MM/DD	City/Country	Position
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

5. Language Proficiency

Do you use English or French in the workplace?	<input type="radio"/> English	<input type="radio"/> French
Have you used English as the primary language of communication at school?	<input type="radio"/> NO	<input type="radio"/> YES
Have you studied English as a foreign language?	<input type="radio"/> NO	<input type="radio"/> YES

6. Language Test Results

Which test did you take? <input type="radio"/> IELTS <input type="radio"/> CELPIP <input type="radio"/> TEF	Date of test - YY/MM/DD: / /			
Please Indicate your scores in each category:	Listening	Writing	Reading	Speaking

7. Family Information

List your immediate family members, including spouse or common-law partner, and any dependent children (22 years-old and under).

Name:	Passport Number:	Country of Birth:
Date of Birth - YY/MM/DD / /	Gender: <input type="radio"/> Female <input type="radio"/> Male	Relationship to you: <input type="radio"/> Spouse <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Other: _____
Name:	Passport Number:	Country of Birth:
Date of Birth - YY/MM/DD / /	Gender: <input type="radio"/> Female <input type="radio"/> Male	Relationship to you: <input type="radio"/> Spouse <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Other: _____

Name:		Passport Number:	Country of Birth:
Date of Birth - YY/MM/DD / /	Gender: <input type="radio"/> Female <input type="radio"/> Male	Relationship to you: <input type="radio"/> Spouse <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Other: _____	
Name:		Passport Number:	Country of Birth:
Date of Birth - YY/MM/DD / /	Gender: <input type="radio"/> Female <input type="radio"/> Male	Relationship to you: <input type="radio"/> Spouse <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Other: _____	
Name:		Passport Number:	Country of Birth:
Date of Birth - YY/MM/DD / /	Gender: <input type="radio"/> Female <input type="radio"/> Male	Relationship to you: <input type="radio"/> Spouse <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Other: _____	

8. Nominee Applicant Declaration

This information is collected under the authority of the Northwest Territories *Access to Information and Protection of Privacy Act*, section 40(c), will be used in the processing of my application, and will be protected by the privacy provisions of that Act. Applicants have the right to examine and request correction of their records, and to request a review by the Information and Privacy Commissioner. If you have any questions about this collection of information, please contact program staff at 1-855-440-5450.

I authorize the Northwest Territories' Nominee Program to share information, including personal information, regarding my application under this program with Immigration, Refugees and Citizenship Canada and any other federal/provincial/territorial departments and their agencies, for the purposes of administering the program, including the verification and processing of my application and for program monitoring and evaluation. I acknowledge that other organizations may be contacted to verify information I have provided on my application. These organizations may include, as relevant: the language testing agency that administered my language test, the education credential assessment organization that issued my education credential assessment, the education institutions I attended as listed on my application and previous employers as listed on my application.

I declare that:

- The information provided in this application is truthful, complete and correct.
- I intend to live in the Northwest Territories on a permanent basis.
- I am not a Refugee Claimant.

I declare that I have read and I understand all the statements contained in this application and above. I have asked for and obtained explanations on any points that were not clear to me.

If applying under one of the Employer Driven Streams, I declare that:

- I have reviewed the offer of employment related to this application and agree to its terms.
- I agree to sign a Memorandum of Understanding (MOU) that outlines my responsibilities under the Nominee Program and abide by the terms of that MOU.
- I have not, directly or indirectly paid the employer a fee for submitting an application to the NTNP.
- I understand that any false statements, concealment of a material fact, or breach of the Memorandum of Understanding may result in my exclusion from the Northwest Territories' Nominee Program for a period of one year, and the revocation of my nomination.

If applying under the Business Stream, I declare that:

- I agree to sign a Business Performance Agreement that outlines the requirements for Nomination.
- I agree to provide the Department of Industry, Tourism and Investment a good faith deposit of \$75,000 CDN to be held in trust until I fulfill the terms of my Business Performance Agreement.
- I intend to establish, purchase or invest in a NWT based business.
- I intend to own at least one-third (33.3%) of the business I start or buy.

- I agree to invest a minimum of \$300,000 CDN equity into starting or buying a business within the corporate boundaries of Yellowknife, Northwest Territories or a minimum of \$150,000 CDN equity into starting or buying a business outside of the corporate boundaries of Yellowknife, Northwest Territories.
- I have a personal net worth of at least \$500,000 CDN if starting or buying a business within the corporate boundaries of Yellowknife, Northwest Territories or at least \$250,000 CDN if starting or buying a business outside the corporate boundaries of Yellowknife, Northwest Territories.

X _____ / /
Nominee's Signature (Mandatory) Date - YY/MM/DD

X _____ / /
Signature of spouse or common-law partner (Mandatory) Date - YY/MM/DD

X _____ / /
Dependent children over 18 years of age (Mandatory) Date - YY/MM/DD