



OFFICE USE ONLY

File #:

Date Received for Assessment
by NTNP (yy/mm/dd):

NORTHWEST TERRITORIES NOMINEE PROGRAM NOMINEE APPLICANT 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 Northwest Territories Nominee Program (NTNP) staff at 1-855-440-5450 or email immigration@gov.nt.ca.

WHICH NTNP STREAM ARE YOU APPLYING UNDER?

Entry Level/Semi-Skilled Occupations Skilled Worker NWT Express Entry Francophone 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: <input type="checkbox"/> Male <input type="checkbox"/> 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 previously applied for Permanent Residency in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide more information below		
Type of Application:	Province/Territory of Application (if applicable):	
Date of Application Decision (yy/mm/dd):		
Have you previously been refused temporary or permanent residence status in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide more information below		
Type of Application:	Province/Territory of Application (if applicable):	
Date 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 Test Results (both tests required for Francophone Stream only)

Which French test did you take? <input type="checkbox"/> TEF <input type="checkbox"/> TCF	Please Indicate your scores in each category below:			
Date of Test (yy/mm/dd):	Listening	Writing	Reading	Speaking
Which English test did you take? <input type="checkbox"/> IELTS <input type="checkbox"/> CELPIP	Please Indicate your scores in each category below:			
Date of Test (yy/mm/dd):	Listening	Writing	Reading	Speaking

6. Language Information

Is speaking French a requirement of your NWT job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your preferred language of communication with NTNP staff regarding your application?	<input type="checkbox"/> French <input type="checkbox"/> English

7. Family Information

If applicable, list your accompanying dependent family members, which may include your spouse or common-law partner, and any dependent children (under 22 years old). If you have more than three dependents, please submit requested information on each dependent on a separate page.

Name:	Passport Number:	Country of Birth:
Date of Birth (yy/mm/dd):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to You:	<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	
Name:	Passport Number:	Country of Birth:
Date of Birth (yy/mm/dd):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to You:	<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	
Name:	Passport Number:	Country of Birth:
Date of Birth (yy/mm/dd):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to You:	<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> 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), and 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 NTNP 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. This includes the verification and processing of the application and for program monitoring and evaluation. I acknowledge that other organizations may be contacted to verify information I have provided on the application. These organizations may include, but are not limited to: the language testing agency that administered the language test, the education credential assessment organization that issued the education credential assessment, the education institutions attended as listed on the application, and previous employers as listed on the 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 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 categories, 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 NTNP 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 MOU may result in my exclusion from the Northwest Territories Nominee Program for a period of one (1) year, and the revocation of my nomination.

If applying under the Francophone Stream, 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 NTNP and abide by the terms of that MOU.
- I have not, directly or indirectly, paid the employer a fee for providing me with a job offer.
- I understand that any false statements, concealment of a material fact, or breach of the MOU may result in my exclusion from the Northwest Territories Nominee Program for a period of one (1) year, and the revocation of my nomination.

If applying under the Business Stream, I declare that:

- I agree to sign a Business Performance Agreement outlining the nomination requirements.
- I intend to establish, purchase or invest in an 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

If applicable, signature of spouse or common-law partner (mandatory)

Date (yy/mm/dd)

X

If applicable, dependent children over 18 years of age (mandatory)

Date (yy/mm/dd)

How did you hear about this program?

- Employer
- Career Development Officer
- Consulate/High Commission
- Visa/Immigration Official
- Government of Canada Website
- Other: _____

- Multicultural Centre
- Educational Institution (college, university)
- Employment Centre
- Professional Association
- Union
- Newspaper
- Poster
- Radio
- Family/Friends
- Other: _____