



Northwest Territories' Nominee Program
NOMINEE APPLICANT FORM

OFFICE USE ONLY	
File #:	_____
Date Received for Assessment by NTNP YY/MM/DD	/ /

- 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?

Entry Level/Semi-Skilled Occupations Skilled Worker NWT 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: <input type="radio"/> Male <input type="radio"/> 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="radio"/> NO	<input type="radio"/> YES	If 'Yes', please provide more information below
Type of Application:	Province/Territory of Application (if applicable):			
Dates of Application Decision- YY/MM/DD: / /				
Have you previously been refused temporary or permanent residence status in Canada?		<input type="radio"/> NO	<input type="radio"/> YES	If 'Yes', please provide more information below
Type of Application:	Province/Territory of Application (if applicable):			
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 Information

Do you use English or French in the workplace?	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> Both	<input type="radio"/> Neither
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	<input type="radio"/> TCF	Date of test - YY/MM/DD:
					/ /
Please Indicate your scores in each category:		Listening	Writing	Reading	Speaking

7. Family Information

List your accompanying dependent family members, which may include your spouse or common-law partner, and any dependent children (under 22 years old).

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. 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 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 network 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

How did you hear about this program?

- | | |
|-----------------------------------------------|--------------------------|
| Employer | Professional Association |
| Career Development Officer | Union |
| Consulate/High Commission | Newspaper |
| Visa/Immigration Official | Poster |
| Government of Canada Website | Radio |
| Website (other): _____ | Family/Friends |
| Multicultural Centre | Other: _____ |
| Educational Institution (college, university) | |
| Employment Centre | |