

AJURISARVIK WEBSITE  
FRANÇAIS

**GENERAL INFORMATION**

**1. How did you hear about Ajurisarvik?**

- ☐ Website
- ☐ YES/LEO
- ☐ Pijunnaqunga
- ☐ Other : \_\_\_\_\_

**2. Are you an Inuk Nunavimmiuq?**

- ☐ YES - If yes, beneficiary number (JBNQA/Makivvik card): \_\_\_\_\_
- ☐ NO - If no, are you a Nunavik resident for over a year: ☐ YES ☐ NO

**3. Personal Information**

- First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
- Other First Name: \_\_\_\_\_ Other Last Name: \_\_\_\_\_
- Gender: ☐ Male ☐ Female ☐ Other
- Date of Birth: \_\_\_\_\_
- Social Insurance Number (SIN #): \_\_\_\_\_

**4. Marital Status**

- ☐ Single ☐ Married/Common Law ☐ Separated ☐ Widow

**5. Contact Information**

- Address/PO Box #: \_\_\_\_\_
- Community: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- Home Phone: (    )-\_\_\_\_\_ Other Phone: (    )-\_\_\_\_\_
- Email Address: \_\_\_\_\_

**6. Contact**

- Preferred Contact Time: ☐ AM ☐ PM ☐ Evening
- Preferred Contact Method: ☐ Phone ☐ Email ☐ Other: \_\_\_\_\_

*\* If Messenger, please indicate your Facebook name and make sure to look at your requested messages*

**7. Emergency Contact**

- First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
- Relation to Applicant: \_\_\_\_\_
- Home Phone: (    )-\_\_\_\_\_ Other Phone: (    )-\_\_\_\_\_
- Email Address: \_\_\_\_\_

AJURISARVIK WEBSITE  
FRANÇAIS

**CRIMINAL RECORD**

**8. Do you have a criminal record?**

- ☐ YES ☐ NO ☐ I don't know

*\* By filling out this form, I agree to have my criminal record checked*

**MOBILITY INFORMATION**

**9. Are you available to be in Inukjuak for the duration of the program (15 weeks and over)?**

- ☐ YES ☐ NO

**CURRENT SITUATION**

**10. Employment**

- ☐ YES
  - Employer: \_\_\_\_\_ Position: \_\_\_\_\_
  - ☐ Full-time ☐ Permanent OR ☐ Replacement
  - ☐ Part-time ☐ Permanent OR ☐ Replacement
  - ☐ Self-employed
- ☐ NO

**11. Health**

- ☐ YES, my health allows me to work.
- ☐ NO, my health does not allow me to work.
  - If no, why?  
\_\_\_\_\_

**12. Dependents and Childcare**

- ☐ YES, I have dependents (child, unemployed spouse, etc.)
  - Number of dependents: \_\_\_\_
  - I have access to daycare/childcare: ☐ YES ☐ NO
- ☐ NO

**TERMS AND CONDITIONS**

By sending this form, I solemnly affirm that the information provided is accurate and complete, and I understand that it may be verified. I commit to informing Ajurisarvik of any changes in this information. I agree to allow Ajurisarvik to collect and compile my personal information for management purposes and consent to have this information shared with various organizations and government agencies.