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Piqqusilirivvik



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NUNAVUT  
ARCTIC  
COLLEGE

### STUDENT APPLICATION FORM

#### NOTE TO ALL APPLICANTS:

Your Piqqusilirivvik application has FOUR parts. **All four parts must be completed in order for your application to be considered.** Incomplete applications will not be reviewed. Please submit complete applications to Piqqusilirivvik at [reception@piqqu.ca](mailto:reception@piqqu.ca) or by fax to 867-924-6072.

#### CHECK THAT YOUR APPLICATION IS COMPLETE: ALL FOUR PARTS MUST BE COMPLETED

- Completed application form
- One written reference
- RCMP criminal record check (visit your local RCMP to request this)
- Completed health certificate (attached)

**THE DEADLINE FOR THE SUMMER/FALL 2017 PROGRAM IS: FRIDAY, JULY 14**

***Piqqusilirivvik programs are open to Inuit from all Nunavut communities. Requirements are ages 18 and over with some proficiency in Inuktut language.***

#### APPLICANT INFORMATION

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Are you a beneficiary? YES NO

#### HOME ADDRESS:

Mailing address: P.O. Box \_\_\_\_\_ Community: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EDUCATION EXPERIENCE**

Highest grade level completed: \_\_\_\_\_ At School name: \_\_\_\_\_

List other education programs completed including school and year:

Name of program: \_\_\_\_\_ School: \_\_\_\_\_ Year completed: \_\_\_\_\_

New student to Piqqusilirivvik YES NO

If you are a returning student, what Piqqusilirivvik programs have you completed? List here:

Languages spoken: Inuktitut English French Other:

Do you read/write syllabics? YES NO

**Piqqusilirivvik programs include trips on the land. These can be day trips or multi-week trips that involve long-distance travel. For planning purposes, we need to know which applicants are willing and able to go on the land.**

Are you willing and able to go on day trips on the land? YES NO

If no, please explain:

Are you willing and able to go on multi-day/weeks trips on the land, which include camping and long distance travel by snowmachine/qamutiit, boat, or dog team? YES NO

If no, please explain:

**MEDICAL INFORMATION:**

Do you have a medical condition? YES NO

If yes, please specify: \_\_\_\_\_

Do you have any allergies?                      YES      NO

If yes, please specify: \_\_\_\_\_

Are you on any medication?                      YES      NO

If yes, please specify: \_\_\_\_\_

**HEALTH CERTIFICATE:**

For students attending Piqqusilirivvik in Clyde River from other communities, **the Clyde River Health Centre requires a completed Health Certificate (attached)**. You must have this form completed and included with your application.

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relation to applicant: \_\_\_\_\_

Community: \_\_\_\_\_ Phone: \_\_\_\_\_

**SHORT ESSAY:** Why do you want to attend Piqqusilirivvik? Please tell us why you want to attend the program. This is an important part of the application that shows the application review committee your interests and potential for being part of Piqqusilirivvik. Attach more sheets if needed. If you prefer to answer by phone, please call 867-924-6044 to set up an interview. You must do this at least a week in advance of the application deadline.

**REFERENCES:** You must provide two names of people who can be a reference for you and talk about why you should be selected as a student for Piqqusilirivvik. **One of the references also needs to provide a written or verbal reference for you to include with your application.** If written, this can be provided in Inuktitut or English, on plain paper. The reference should state why they think you would make a good student for Piqqusilirivvik. If your reference prefers to speak to someone, they can call 867-924-6044 and arrange for an interview. This should be done at least one week before the application deadline.

**First Reference**

Name: \_\_\_\_\_ Relationship to application: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Second Reference**

Name: \_\_\_\_\_ Relationship to application: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**IS YOUR APPLICATION COMPLETE?**

Before your application can be reviewed, make sure you can check all FOUR boxes. **All four parts MUST be included with your application or it cannot be reviewed:**

- Completed application form
- One written reference
- RCMP criminal record check (visit your local RCMP to request this)
- Completed health certificate (attached)

**Send your complete application to:**

By Mail: Program Manager  
Piqqusilirivvik  
P.O. Box 270  
Clyde River, Nunavut X0A 0E0

By Email: [reception@piqqu.ca](mailto:reception@piqqu.ca) or [programmgr@piqqu.ca](mailto:programmgr@piqqu.ca)  
By Fax: 867-924-6072  
Our Phone: 867-924-6044

If you have any questions about your application do not hesitate to contact us.

# CLYDE RIVER HEALTH CENTRE

Date:

Name:

Female:

Male:

DOB:

HCP#:

Home Address:

Medical conditions:

Allergies:

Current medications:

## TESTS TO BE DONE BEFORE ATTENDING CLYDE RIVER PIQQUSILIRIVVIK CULTURAL SCHOOL

Mantoux (TB)	_____	test date	_____	result	_____
Pregnancy	_____	test date	_____	result	_____
STI	_____	test date	_____	result	_____

Any upcoming appointments?      YES      NO

If yes, when and where?: \_\_\_\_\_

**PLEASE BRING A COPY OF YOUR IMMUNIZATION RECORD TO CLYDE RIVER HEALTH CENTRE**

**PLEASE FAX TO CLYDE RIVER HEALTH CENTRE AT 867-924-6244 OR BRING TO THE HEALTH CENTER IN PERSON. THANK YOU.**