

Community Emergency Measures Registration Form School of Community Government (S of CG)

INSTRUCTIONS

- Ensure all personal information is correct.
 Confirm program schedules and delivery locations with S
- Applicants are responsible for contacting their sponsoring

Darha Phillpot Senior Researcher - Public Safety Senior Researcher – Public Salety School of Community Government, Municipal and Community Affairs Suite #600, 5201 – 50th Avenue, X1A 3S9 Fax (867) 873-0584 Phone: (867) 920-6105



Residing Community Phone: (Home): Phone: (Work) Fax No.: Email: Occupation: Employment Information Supervisor's Name: Community Position: Address Community			
Residing Community	Name:		o Male o Female
Fax No.:	Mailing Address:	Mailing Community:	Postal Code:
Employment Information Employer:	Residing Community	Phone: (Home):	Phone: (Work)
Supervisor's Name:	Fax No.: E	mail:	Occupation:
Position:	Employment Information		
Postal Code Phone Email: STATUS: o Dene(First Nation) o Métis o Inuit o Non-Aboriginal Please indicate if your intentions are to complete the full program or simply this course or a few other courses. Pull program o Some courses o This course only Simergency Measures Training Courses/Workshops Winter Survival Course o Snow Machine Operators Course RCMP Inland Water Training o Search Managers Course Basic SAR Course Basic SAR Course Date and Course Location: FOR SPECIFIC PROGRAM INFORMATION CONTACT: PHONE 1-877-531-9194 (toll free) Beaufort/Delta Region John Pleas Telephone: (867) 920-6105, Fax: (867) 873-0594 Beaufort/Delta Region John Pleas Telephone: (867) 920-6105, Fax: (867) 873-0594 Beaufort/Delta Region John Pleas Telephone: (867) 920-6105, Fax: (867) 873-0594 Beaufort/Delta Region John Pleas Telephone: (867) 920-6105, Fax: (867) 873-0594 Beaufort/Delta Region John Pleas Telephone: (867) 920-6105, Fax: (867) 873-0594 Beaufort/Delta Region John Pleas Telephone: (867) 920-6105, Fax: (867) 873-0594 Beaufort/Delta Region John Pleas Telephone: (867) 920-6105, Fax: (867) 873-0594 Telephone: (867) 920-6105, Fax: (867) 873-0594 Beaufort/Delta Region John Pleas Telephone: (867) 920-6105, Fax: (867) 873-0594 Telephone: (867) 920-6105, Fax: (867) 873-0594 Telephone: (867) 920-6105, Fax: (867) 873-0594 Telephone: (867) 920-8105, Fax: (867) 873-0594 Barry Hariey Bount Land Pleas Beaufort/Delta Region John Pleas Telephone: (867) 920-8105, Fax: (867) 873-0594 Telephone: (867) 920-8105, Fax: (867) 937-7105, Fax: (867) 937-7	Employer:	Supervisor's Na	ame:
Please indicate if your intentions are to complete the full program or simply this course or a few other courses. Pull program o Some courses o This course only Pemergency Measures Training Courses/Workshops Winter Survival Course o Snow Machine Operators Course Pack Managers Pack	Position:	Address	Community
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Full program o Some courses o This course only imergency Measures Training Courses/Workshops Winter Survival Course o Snow Machine Operators Course RCMP Inland Water Training o Search Managers Course ATV Operators Course o Basic SAR Course Basic Emergency Management (BEM) Course o Other (please specify) Date and Course Location: Beautort/Deta Region John Picek John Dick@ov.nt.ca elephone: (867) 920-6105, Fax: (867) 873-0584 Beautort/Deta Region John Picek John Dick@ov.nt.ca elephone: (867) 920-6105, Fax: (867) 873-0584 North Slave Region Terry Testal Terry Lestart@gov.nt.ca elephone: (867) 959-7220, Fax: (867) 895-2029 Telephone: (867) 920-8066, Fax: (867) 873-0622 SIGNATURE: I certify that the information provided is correct. If admitted, I agree to comply with any guidelines, rules, regulatic and policies of the School of Community Government including those of the instructor. I also understand that my course record may be distributed to my sponsor/employer upon request. Signature of Applicant: Date: Date: Signature of Employer: Date:	, ,	_	
Emergency Measures Training Courses/Workshops Description of the State Region Laza Mepherson and policies of the School of Community Government including those of the instructor. I also understand that my course record may be distributed to my sponsor/employer upon request. Date: Signature of Employer: Date: Snow Machine Operators Course O Search Managers Course O Search Managers Course O Other (please specify) Date: Sahu Region Barry Harley Ba	Please indicate if your intentions are to	complete the full program or simply this	course or a few other courses.
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o Snow Machine Operators Course o RCMP Inland Water Training o Search Managers Course o Basic SAR Course o Basic Emergency Management (BEM) Course o Other (please specify) Date and Course Location: FOR SPECIFIC PROGRAM INFORMATION CONTACT: PHONE 1-877-531-9194 (toll free) leadquarters Jana Philipot John Picek John picek (967) 920-6105, Fax: (867) 873-0584 Telephone: (867) 777-7120, Fax: (867) 777-7352 Telephone: (867) 777-7120, Fax: (867) 777-7352 Telephone: (867) 920-8066, Fax: (867) 873-0622 SIGNATURE: I certify that the information provided is correct. If admitted, I agree to comply with any guidelines, rules, regulatic and policies of the School of Community Government including those of the instructor. I also understand that my course record may be distributed to my sponsor/employer upon request. Signature of Employer: Date: D	o Some courses of this course only		o This course only
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o ATV Operators Course o Basic Emergency Management (BEM) Course o Other (please specify) Date and Course Location: FOR SPECIFIC PROGRAM INFORMATION CONTACT: PHONE 1-877-531-9194 (toll free) Beaufort/Delta Region John Picek John Picek (B67) 920-6105, Fax: (867) 873-0584 Telephone: (867) 920-6105, Fax: (867) 873-0584 Telephone: (867) 920-6105, Fax: (867) 873-0584 Telephone: (867) 920-8066, Fax: (867) 873-0622 Telephone: (867) 695-7220, Fax: (867) 695-2029 SIGNATURE: I certify that the information provided is correct. If admitted, I agree to comply with any guidelines, rules, regulation and policies of the School of Community Government including those of the instructor. I also understand that my course record may be distributed to my sponsor/employer upon request. Signature of Applicant:	Winter Survival Course	o Snow Machine C	Operators Course
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FOR SPECIFIC PROGRAM INFORMATION CONTACT: PHONE 1-877-531-9194 (toll free) Headquarters Darha Phillpot Dohn Picek John Dicek@gov.nt.ca Telephone: (867) 920-6105, Fax: (867) 873-0584 Telephone: (867) 920-6105, Fax: (867) 873-0584 Telephone: (867) 920-6105, Fax: (867) 873-0584 Telephone: (867) 777-7120, Fax: (867) 777-7352 Telephone: (867) 587-7105, Fax: (867) 587-2044 South Slave Region Lorraine Tordiff Dorraine_tordiff@gov.nt.ca Telephone: (867) 695-7220, Fax: (867)695-2029 Telephone: (867) 920-8066, Fax: (867) 873-0622 Telephone: (867) 872-6528, Fax: (867) 872-6526 SIGNATURE: I certify that the information provided is correct. If admitted, I agree to comply with any guidelines, rules, regulation and policies of the School of Community Government including those of the instructor. I also understand that my course record may be distributed to my sponsor/employer upon request. Signature of Applicant: Date: Date: Date:	Basic Emergency Management (BE)	M) Course o Other (please sp	ecify)
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Beaufort/Delta Region John Picek	Date and Course Location:		
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john_picek@gov.nt.ca Telephone: (867) 920-6105, Fax: (867) 873-0584 Telephone: (867) 777-7120, Fax: (867) 777-7352 Telephone: (867) 777-7352 Telephone: (867) 587-7105, Fax: (867) 587-2044 North Slave Region Terry Testart terry_testart gov.nt.ca Telephone: (867) 695-7220, Fax: (867)695-2029 Telephone: (867) 920-8066, Fax: (867) 873-0622 Telephone: (867) 873-0622 Telephone: (867) 872-6528, Fax: (867) 872-6526 SIGNATURE: I certify that the information provided is correct. If admitted, I agree to comply with any guidelines, rules, regulation and policies of the School of Community Government including those of the instructor. I also understand that my course record may be distributed to my sponsor/employer upon request. Signature of Applicant: Date: Signature of Employer: Date:			
North Slave Region Liza McPherson Liza McPherson Liza mcpherson@gov.nt.ca Telephone: (867) 695-7220, Fax: (867)695-2029 SIGNATURE: I certify that the information provided is correct. If admitted, I agree to comply with any guidelines, rules, regulatic and policies of the School of Community Government including those of the instructor. I also understand that my course record may be distributed to my sponsor/employer upon request. Signature of Applicant: Signature of Employer: Date: South Slave Region Lorraine Tordiff lorraine_tordiff@gov.nt.ca Telephone: (867) 872-6528, Fax: (867) 872-6526 Signature of Employer: Date: Date:	darha_phillpot@gov.nt.ca	john_picek@gov.nt.ca	barry_harley@gov.nt.ca
iza_mcpherson@gov.nt.ca Telephone: (867) 695-7220, Fax: (867)695-2029 Telephone: (867) 920-8066, Fax: (867) 873-0622 Telephone: (867) 873-0622 Telephone: (867) 872-6528, Fax: (867) 872-6528 SIGNATURE: I certify that the information provided is correct. If admitted, I agree to comply with any guidelines, rules, regulatic and policies of the School of Community Government including those of the instructor. I also understand that my course record may be distributed to my sponsor/employer upon request. Signature of Applicant: Date: Signature of Employer: Date:	Deh Cho Region	North Slave Region	South Slave Region
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and policies of the School of Community Government including those of the instructor. I also understand that my course record may be distributed to my sponsor/employer upon request. Signature of Applicant:	elephone. (007) 033-7220, 1 ax. (007)033-2023	Telephone. (607) 525-5666, 1 ax. (607) 673-6622	Telephone. (607) 672-6525, Fax. (607) 672-6526
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