

Date: _____

RE: _____

Thank you for your interest in NORCAT's _____. This is an all-inclusive, _____ program where you will be staying for the duration of the _____ including days off. All food, accommodation, basic personal protection safety equipment, and shuttle service at the beginning and conclusion of the program between Thunder Bay and Quetico, is included.

Program Participants are required to bring:

- Approved work boots that must be winter rated for courses taking place during winter/shoulder seasons
- Appropriate clothing for seasonal, outdoor work, including winter-rated apparel for courses taking place during winter/shoulder season and rain gear for courses taking place during summer/shoulder season

Once we have received your training application and it is approved, you will be sent a confirmation package that will include all the information you need regarding directions, expectations, and on-site amenities.

To ensure successful completion of this program and the health and safety of our participants and staff, whether you are arriving by shuttle or personal vehicle, once on-site, you will only be permitted to leave/return to site for emergency or scheduled appointments and with **prior written approval** from NORCAT staff. Leaving site for any other reason without prior consultation with NORCAT, may result in removal from the program.

This program is more than just learning to operate heavy equipment. We are preparing you for a job and the associated health and safety responsibilities within a workforce. You will learn to work as a team in a surface mine work environment, including employment expectations with respect to camp life. As such, there is also no alcohol, marijuana, or drugs permitted on-site for the duration of the program.

Please complete and return the **Training Application and a copy of your resume with cover letter** to thunderbay@norcat.org. NORCAT staff may contact you in regards to your application, so please ensure you include accurate contact information. For the _____ program, please return completed applications no later than _____ at _____ Eastern. If you are only interested in the September program, please have your application in by _____ at _____ Eastern.

Sincerely,

The NORCAT Thunder Bay Team

399 Mooney Avenue, Thunder Bay, Ontario, CANADA P7B 5L5

Ph: 1-855-966-7228 ext. 324 E: thunderbay@norcat.org

DEVELOPMENT SERIES TRAINING APPLICATION

Section 1: PERSONAL INFORMATION			
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss	First Name:	Last Name:	
Primary Mailing Address:			
Unit:	Street Number:	Street Name:	PO Box:
City/Town:		Province:	Postal Code:
Alternate Mailing Address:			
Unit:	Street Number:	Street Name:	PO Box:
City/Town:		Province:	Postal Code:
Primary Phone Number:		Alternate Phone Number:	
<input type="radio"/> Home <input type="radio"/> Mobile <input type="radio"/> Other Number: (____) ____ - _____		<input type="radio"/> Home <input type="radio"/> Mobile <input type="radio"/> Other Number: (____) ____ - _____	
Email Address:			
D.O.B: ____ / ____ / _____ MM DD YEAR		Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unspecified	
International Participant: <input type="radio"/> Yes <input type="radio"/> No		Language(s) Spoken: <input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other (please specify):	
Please complete if you wish to self-identify as a member of a designated group(s). Your response to this question is entirely voluntary and will not affect your eligibility. This information will be used by NORCAT for program analysis and statistical purposes. (You may select more than one option):			
<input type="radio"/> Newcomer <input type="radio"/> Prefer not to say <input type="radio"/> Veteran <input type="radio"/> Francophone <input type="radio"/> Person with Disability <input type="radio"/> Inuit <input type="radio"/> First Nations <input type="radio"/> Métis			
Name of Program:			
Program Date(s) (select preferred program date or dates):			
Training Location: Quetico Lodge and Conference Centre 1130 Highway 633, Kawene, Ontario			
Daily Schedule: <i>* Field training days may run longer</i>			
Are you seeking funding through one of the following and/or require assistance? <input type="radio"/> Yes <input type="radio"/> No If Yes: <input type="radio"/> government agency <input type="radio"/> through employer <input type="radio"/> through community or organization			
Will you require our shuttle from Thunder Bay to our training location at the start of the program? <input type="radio"/> Yes <input type="radio"/> No			
Where did you hear about the program? <input type="radio"/> Employer <input type="radio"/> Social Media <input type="radio"/> Community Organization <input type="radio"/> Friend/Family <input type="radio"/> Previous Participant <input type="radio"/> Other: _____			

Section 2: EDUCATION

Indicate your highest level of Education/Qualification:

- | | | |
|---|--|---|
| <input type="radio"/> No formal education | <input type="radio"/> Grade 0 – 8 | <input type="radio"/> Grade 9-10 |
| <input type="radio"/> Grade 11-12 | <input type="radio"/> Grade 12 (or equivalent) | <input type="radio"/> OAC |
| <input type="radio"/> Certificate of Apprenticeship | <input type="radio"/> Journey person | <input type="radio"/> Certificate/Diploma |
| <input type="radio"/> Bachelor’s Degree | <input type="radio"/> Post Graduate | <input type="radio"/> Other _____ |

Trades (including Heavy Equipment)

Trade	Level/Red Seal	Specialization	Years of Experience
1.			
2.			

Licences

Class	Number	Province	Expiry
1.			
2.			

Do you have your G1 license (or higher)? Yes No

Section 3: EMPLOYMENT

Current Employment Situation

- | | |
|---|---|
| <input type="radio"/> Employed
<input type="radio"/> Employed, but currently on a leave
<input type="radio"/> Not employed and looking for work
<input type="radio"/> Not employed and not looking for work
<input type="radio"/> Attending a school (elementary, high school or equivalent)
<input type="radio"/> Attending a university
<input type="radio"/> In other training or skills development program | <input type="radio"/> Self-Employed
<input type="radio"/> Unemployed
<input type="radio"/> Not employed with an employment offer
<input type="radio"/> Not employed and unable to work
<input type="radio"/> Attending a college
<input type="radio"/> Registered in an apprenticeship program
<input type="radio"/> Not sure |
|---|---|

Employment History - (starting from most recent work experience)

Employer	Job Title	Dates	Reason for leaving
1.			
2.			

Future Employment

Barriers to Employment- check all that apply:

- | | | |
|---|--|--------------------------------------|
| <input type="radio"/> None | <input type="radio"/> Remoteness | <input type="radio"/> Language |
| <input type="radio"/> Education | <input type="radio"/> Economic | <input type="radio"/> Dependent Care |
| <input type="radio"/> Lack of Work Experience | <input type="radio"/> Lack of Transportation | |
| <input type="radio"/> Other: _____ | | |

What will be your status/availability after the course?

(check all that apply)

- Available Immediately
- Available in _____ weeks
- Unavailable

Do you have reliable transportation?..... Yes No

Do you own your own vehicle? Yes No

What locations are you willing to work? *(check all that apply)*

- Close to home
- Northern Ontario
- Out of Province

What number of days are you willing to work away from home? *(i.e. 20 days in, 10 days out)*

Are you willing to relocate?..... Yes No

Are you willing to work shift work?..... Yes No

Are you willing to work in a camp setting? Yes No

If Yes, are you willing to provide your own food and cooking? Yes No

Job Interests *(Positions/Equipment)*: _____

I, _____, hereby declare that the information provided is true and complete to the best of my knowledge and I understand that a false statement may disqualify me. I acknowledge that I am providing this information in connection with my application to participate in NORCAT's training program.

Participant Signature

Date:

NO TOLERANCE POLICY

NORCAT is committed to providing a safe and positive training experience to all Participants, Instructors and Facility Staff during any of our Development Series programs. Participant's attitude and behaviour play an important role to the success of this commitment. Participants shall be fit for duty and in a condition to carry out their assignments and responsibilities in a safe manner.

It is therefore a violation of this policy for Participants to be under the influence of alcohol, marijuana, or unauthorized, prohibited, illegal or controlled substances at any time while on-site, including after hours. The consumption, use, manufacture, dispensation, sale, possession, distribution, promotion, provision, purchase, transportation, concealment, transfer or storage of alcohol, marijuana, or any unauthorized, prohibited, illegal or controlled substances and/or substance-related paraphernalia while on-site, including after hours, is strictly prohibited.

It is fully the Participant's responsibility to make sure that when they are to be using prescription or over-the-counter products (whether physician-approved or not) that these products do not affect their training performance by altering the mind, their mood, behavior, emotions, reasoning performance or incapacitating, or hindering their physical job functions (examples – Codeine, Oxycodone's, Hydrocodone's). Prescription and over-the-counter products are to be kept in the original container clearly marked with all pertinent information about usage, date, Participant's name, prescribing physician's name and prescription number. They are to be used in a manner consistent with the instruction of the prescribing physician or as documented in the manufacturer's instructions. The Participant is to notify their Instructor immediately if the prescription or over-the-counter product does affect training performance by altering the Participants mind, mood, behavior, emotions, reasoning performance, or incapacitating or hindering their physical training functions.

Harassment, violence or behaviour resulting in damage to any of the facilities or equipment shall not be tolerated.

If a Participant is found under the influence at any time and/or their behaviour is disruptive or damaging to the program, facilities, other Participants, Instructors or Facility staff, they may be removed from the program at their expense with no program refund.

I, _____, acknowledge and accept the terms and conditions as stated in this Policy.

Participant Signature

Date: