



## Inuttitut Immersion Land-Based Program

### Applicant #1 Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City Province Postal Code*

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

Are you Available: **August 1-8, 2026** \_\_\_\_\_

Are you a Nunatsiavut Beneficiary? YES NO

Do you speak Inuttitut? YES NO

Have you ever been to the Torngat Mountains National Park? YES NO

Do you have experience on the land? YES NO

Do you have any allergies? YES NO

Do you have any mobility issues? YES NO

If yes, what allergies: \_\_\_\_\_  
If yes, what issues: \_\_\_\_\_

References from previous programs attended

Please list two references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Company: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Company: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inuttitut Immersion Land Based Pilot Program

1. Please tell us why you would like to participate in the Inuttitut Immersion Land Based Pilot Program:

Empty text box for answer to question 1.

2. Do you consider yourself an intermediate Speaker or have an intermediate level of understanding of Inuttitut? Please explain.

Empty text box for answer to question 2.

3. Please tell us what you hope to learn by attending the Inuttitut Immersion Land Based Pilot Program:


4. Please tell us what you would contribute to the Land Based Inuttitut Immersion Pilot Project if you were a successful candidate:


5. Do you plan to share your knowledge of Inuttitut with others once you return home? If so, how?


**\*\*\*Please note that you may be tested to determine your level of Inuttitut fluency\*\*\***

**Completed applications can be emailed to:**

**[Shirley.Jararuse@nunatsiavut.com](mailto:Shirley.Jararuse@nunatsiavut.com)**