



Gwabal Fisheries Group



Gwabal Fisheries Training – Application Form

Name: _____

Phone: _____ Email: _____

First Nation: _____ Status #: _____

Male _____ Female _____ DOB: _____

Address: _____

Emergency Contact: _____ Phone: _____

List Courses Applied For:

COURSE NAME:	COURSE DATE:

I give my consent to the Gwabal Fisheries Group to use my personal information the purposes of supporting my training and development.

Applicant Signature: _____ Date: _____



Gwabal Fisheries Group



Applicant Background

1. Your Education

Rather not specify Grade 10 High School 11-12 College University

2. Courses or Certifications You Hold (List even if expired)

3. Courses or Certifications You Need

4. Describe Your Fishing or Marine Work Experience (if any)

5. Use of Personal Information

With permission, the Gwabal Fisheries Group utilizes photos, videos and names for Gwabal communications purposes, including: digital and printed materials such as posters, news letters, reports and social media or websites posts. Gwabal may or may not do the following:

Take photos/videos of me Yes No

Use Photos/videos of me Yes No

Use my Full Name Yes No

Use my First Name Only Yes No

Applicant Signature: _____ Date: _____