



INDIVIDUAL PARTICIPANT FORM FOR GROUP TRAINING/  
EDUCATION PROGRAMS

**APPLICATION INSTRUCTIONS:** Please complete all sections of this form and return to the training/education provider prior to completion of the program.

PART A – TRAINING INFORMATION	
Title of Training Program:	
Proposed Dates of Training:	
Name of Organization Supplying Training:	
Name of Instructor Delivering Training:	

PART B – APPLICANT INFORMATION	
Name of Participant:	
Address (Street, City, Province/Territory, Postal Code):	
Phone (home):	Phone (work or cellular):
Fax:	Email:
Are you a Yukon Resident? ___ Yes      ___ No	Are you a Canadian Citizen or Landed Immigrant/ Permanent Resident?    ___ Yes      ___ No
Are you a seasonal Yukon tourism worker? ___ Yes      ___ No	If you are a seasonal Yukon tourism worker, how many seasons have you worked in the territory?    ____
Current tourism industry employer:	Potential future tourism industry employer:
What previous training have you received?	

The Yukon Tourism Training Fund also funds training and education for individuals. If you would like to learn more about this opportunity, please visit the TIA Yukon web site at [www.tiayukon.com](http://www.tiayukon.com).

OFFICE USE ONLY	Date Received:	Initial:
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Training/Education provider please submit this form to:



Yukon Tourism Training Fund Advisor  
Tourism Industry Association of the Yukon  
#3-1109 First Ave. Whitehorse, Yukon Y1A 5G4  
Tel: 867.668.3331 Fax: 867.667.7379  
Email: [tiayukon@klondiker.com](mailto:tiayukon@klondiker.com)

