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INFORMATION SHARING CONSENT FORM

Completion of this form is not mandatory and will not affect the outcome of your registration.

In keeping with our Privacy Policy, if you would like us to collaborate with your employer by providing updates on the status of your registration application, we require your consent.

Please submit this form to give the College and Association of Nurses of the Northwest Territories and Nunavut this authority.

AUTHORIZATION FOR INFORMATION SHARING

I, _____
Applicant's Full Name

of _____ is seeking nursing
Address

registration with CANNN.

I anticipate working with the following employer in the Northwest Territories/Nunavut on (date) _____

Employer Name: _____

Address: _____

Contact Person: _____ Phone: _____

Email: _____ Fax: _____

To assist in the registration process, I hereby give consent to CANNN to provide the following information to the employer named above, to assist in the registration application process:

- Which registration documents have been received.
- Which registration documents are incomplete.
- If payment is outstanding or completed.
- Status of application.

This shall constitute legal authority for CANNN to provide the above information to the named employer during the registration application process.

Signature: _____ Date: _____