



APPLICATION FORM

NunatuKavut Family Violence Prevention Advisory Committee

1. Name: _____
2. Preferred Pronoun: _____
3. Community: _____
4. Email: _____
5. Telephone: _____

6. Relevant areas of experience (please check all that apply):

- Service providers in related area of focus.
- NunatuKavut Inuit who identify as 2SLGBTQQIA+.
- NunatuKavut Inuit with a lived experience of family violence.
- NunatuKavut Inuit Elders/Knowledge Holders.
- NunatuKavut Inuit Youth.
- Family members, allies, and agents of change in preventing family violence.

7. Please let us know why you wish to sit on the NunatuKavut Family Violence Prevention (FVP) Advisory Committee?