

OFFICE OF THE CHIEF CORONER ONG A L D L C L L D L HAVAKVIA ATANGUYAATA TUQUNGALIQIYIIT BUREAU DU CORONER CHIEF CORONER NUNAVUT

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Department of Justice Office of the Chief Coroner, Nunavut Consent Form

I...... here by consent to undergo Coroner's training

which will include stressful conditions and critical situations.
The nature of investigations and anticipated effects potential mental and physical effects of the training and duties for the position of Coroner risks have been explained to me. I am satisfied with these explanations and I have understood them.
I further agree to work under supervisor of the Chief Coroner for a period of 6 months for the fee for service (On-Call Coroner for Iqaluit).
After successful completion of this training period, a formal appointment as a Coroner will be completed. This appointment will be for a three year period. There will be a requirement that you commit to this position for a minimum of one year.
I also consent during my training period that I will exercise the statutory responsibility of a coroner and maintain confidentiality and professionalism.
I am aware of the significant disruption to my family and social life. While on call, I fully understand the nature of duties required by the coroner service and that these duties may have an impact on my employment / education.
Signature:Date
Witness signature: 1 Date
2 Date

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