

Northwest Territories Health and Social Services Authority  
**FRIENDS AND FAMILY TRAVEL PROGRAM**  
APPLICATION FORM

Employee First and Last Name	Employee Title	Employee ID & Record #	
Email Address	Cell / Phone Number	Expected Dates of Travel	
Supervisor First and Last Name	Supervisor Title	Supervisor Email Address	

### Required Criteria

All below criteria are met:

Applicant is an indeterminate, term, or casual front-line nurse practitioner, or registered nurse providing direct patient care; or a permanent or locum physician.

Applicant is providing direct patient care within the NTHSSA between December 20, 2025, and January 4, 2026, inclusive, for a minimum of five full, regular shifts, as detailed in the program guidelines.

The information listed on this form is accurate to the best of our knowledge. Further, we understand that **this program is tax deductible** and it is our responsibility to ensure that should the information change, we will immediately notify [NTHSSA\\_Compensation\\_Management@gov.nt.ca](mailto:NTHSSA_Compensation_Management@gov.nt.ca).

Employee Signature

Date

Supervisor Signature

Date

Chief Operating Officer /Executive Director / AMD Signature

Date

**Please submit application form to**  
[NTHSSA\\_Compensation\\_Management@gov.nt.ca](mailto:NTHSSA_Compensation_Management@gov.nt.ca).

**The deadline to submit completed applications is December 18, 2025 at 11:59pm MST.**

*The information in this form is being collected in support of your application to the Friends and Family Travel Program. It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act (ATIPP). If you have any questions about collection or use of the information, please contact the Manager, Talent Acquisition at (867) 767-9105.*



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## FRIENDS AND FAMILY TRAVEL PROGRAM

### APPLICATION FORM INSTRUCTIONS

1. Employee to include their First and Last Name and title.
2. Employee to provide their employee ID and record number, ID is 6 digits and record number is 0-99, if unsure of your ID and record number please contact [NTHSSA Compensation Management@gov.nt.ca](mailto:NTHSSA_Compensation_Management@gov.nt.ca), if you are a Physician Locum please write LOCUM in the employee ID and record number box.
3. Employee to include contact information of email and phone number.
4. Employee to specify expected date of travel of Friends and Family.
5. Employee to provide Direct Supervisor first and last name, title, and email.
6. Employee to sign the form and provide to supervisor for their signature and confirmation of eligibility.
7. Supervisor is responsible for ensuring that employee meets the eligibility requirements and must click off the required criteria, back up is not required.
8. If employee is not eligible the Supervisor will return the form to employee and provide the reasoning why the employee is not eligible.
9. After confirming that employee meets the eligibility criteria the Supervisor will sign the form and forward to the Chief Operating Officer, Area Medical Director, or Executive Director.
10. The Chief Operating Officer, Area Medical Director, or Executive Director will sign and return the form to the supervisor.
11. Supervisor will return the form to the employee.
12. Employee will submit form to [NTHSSA Compensation Management@gov.nt.ca](mailto:NTHSSA_Compensation_Management@gov.nt.ca) and keep a copy to be included with their Claim form.
13. **The deadline to submit completed applications is December 18, 2025 at 11:59pm MST. Applications received after this time will not be considered.**
14. Employee is responsible for arranging travel by air or privately owned vehicle, employee to ensure that if by air they ensure they have the appropriate travel invoice showing flights, dates and total costs and they are unable to claim more than two individuals or two vehicles.

