



Indigenous Youth Connections Program
Prospective Student Application

Name: _____

DOB: _____ SIN: _____

AB Health Care: _____

Address: _____

Phone (home): _____ Phone (cell): _____

Email: _____

Are you _____

If you are First Nations, please provide Status Number: _____

Alternate Contact Name: _____

Phone: _____

Relationship: _____

Marital Status: _____

Dependents

Name _____ Age _____ AHC: _____

Name _____ Age _____ AHC: _____

Name _____ Age _____ AHC: _____

Name _____ Age _____ AHC: _____

Name _____ Age _____ AHC: _____

Name _____ Age _____ AHC: _____



RIEL Institute for Education and Learning

Education History

What grade level have you completed? _____

Do you have copies of your transcripts? _____

Have you completed any certificate training? (First Aid, WHMIS, etc.)

Employment History

Please attach your resume

Most recent employment:

Please circle Yes or No for each of the following questions:

Do you have a current Criminal Record check?

Do you have a criminal record?

Would you participate in weekly Sharing Circles?

Comments:

Do you have any specific employment areas you are interested in?

Signature: _____

Date: _____



Office Use Only

Date Received: _____

Received By: _____

Contacted for Interview: _____

Interview Date: _____