Indigenous Early Childhood Education Program

Prospective Student Application

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | DOB: |  |
|  |  | SIN: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address: | |  | | | |
| Phone (home): | | |  | Phone (cell): |  |
| Email: |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you (circle one)? | Metis | First Nations | | Inuit | Non-Status |
| If you are First Nations, please provide Status Number: | | |  | | |

|  |  |  |
| --- | --- | --- |
| Alternate Contact | Name: |  |
|  | Phone: |  |
|  | Relationship: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Marital Status: | Single | Married | Divorced | Common-Law | Separated |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dependents | | | | | | |
| Name |  | Age |  | M F | AHC: |  |
| Name |  | Age |  | M F | AHC: |  |
| Name |  | Age |  | M F | AHC: |  |
| Name |  | Age |  | M F | AHC: |  |
| Name |  | Age |  | M F | AHC: |  |
| Name |  | Age |  | M F | AHC: |  |
| Name |  | Age |  | M F | AHC: |  |

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.) | | |  | |
|  | | | | |
| Have you received funding through Alberta Student Finance in the past? | | | |  |
| If so, what did you take and when? |  | | | |
|  |  | | | |
| Are you considering further education after completion of this program? Explain. | | | | |
|  | | | | |
|  | | | | |

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? | Yes | No |
| Do you have a criminal record? | Yes | No |
| Do you have a current Child Intervention record check? | Yes | No |
| Have you been involved with child welfare? | Yes | No |

Your personal information is protected by FOIP and the privacy information act, however, should you be accepted into the program, your information will be shared with your prospective funding body.

|  |  |  |  |
| --- | --- | --- | --- |
| Would you participate in weekly Sharing Circles? | | Yes | No |
| Comments: |  | | |
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| --- |
| There is a three-month practicum at the end of your program hosted through various agencies within the city. Is there a specific agency you would be interested in? |
|  |
|  |

Should you be selected for the program, we will require additional information such as your CRA Notice of Assessment, childcare or rent receipts, government issued identification etc. You will be notified of necessary documentation.

Please note that due to the ongoing nature of the COVID-19 Pandemic, we are currently looking at alternative delivery methods should the situation require it. This may include online courses, in-class courses, or a blended format consisting of both. We will ensure, upon acceptance, that you have the necessary requirements to facilitate online learning scenarios.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

|  |  |  |
| --- | --- | --- |
| **Office Use Only** | | |
| Date Received: |  | |
| Received By: |  | |
|  | |  |
| Contacted for Interview: | |  |
| Interview Date: | |  |
|  | |  |