**Indigenous Youth Connections Program**

Prospective Student Application

**6 Month Program**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | DOB: |  |
|  |  | | SIN: |  |
|  |  | AB Health Care: | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: |  |

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? | Yes | No |
| Do you have a criminal record? | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| Would you participate in weekly Sharing Circles? | | Yes | No |
| 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: | |  |
|  | |  |