



APPLICATION FOR ADMISSION

PROTECTING PERSONAL INFORMATION

Nechi Institute: Centre of Indigenous Learning ("NECHI") is committed to compliance with the laws of Canada and Alberta respecting the privacy of personal information. The personal information you provide in this application form is collected by Nechi for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; alumni relations and fundraising; and institute planning and research. Some of the personal information collected will be disclosed to sponsoring and funding agencies that require reporting on the students they fund. In addition, Nechi may disclose your personal information: when required to do so by law, and to a public authority when, in the judgment of Nechi there appears to be an imminent danger which could be avoided by disclosing the information. By signing this form you are consenting to the collection and use of personal information as set out in the aforementioned manner. If you have questions about the collection, use and disclosure of personal information, please contact the Nechi at 780.459.1884 or mail: P.O. Box 2039, Station Main, St. Albert, AB T8N 2G3.

SECTION A: PERSONAL INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION					Date of Birth and Gender are used in the student records management process to identify and differentiate our students. Failure to provide this information will result in Nechi not being able to properly process your application.				
HAVE YOU PREVIOUSLY APPLIED FOR OR ATTENDED NECHI TRAINING? YES <input type="checkbox"/> NO <input type="checkbox"/>		ARE YOU AN INTERNATIONAL STUDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		NECHI STUDENT ID (IF KNOWN)		GENDER F <input type="checkbox"/> M <input type="checkbox"/>		DATE OF BIRTH (D/M/YYYY)	
FIRST NAME			LAST NAME			MIDDLE NAME/INITIAL			
HAVE YOU TAKEN OUR TRAINING UNDER ANOTHER NAME? FORMER NAME (if applicable)									
BOX/APT NO./STREET				CITY/TOWN		PROVINCE		POSTAL CODE	
COUNTRY		HOME TELEPHONE# ()		WORK TELEPHONE# ()		MESSAGES CAN BE LEFT AT:			
EMAIL:									

INFORMATION COLLECTED BELOW PROVIDES A PROFILE OF NECHI STUDENTS AND NON IDENTIFYING AGGREGATE STATISTICAL DATA FOR FUNDERS.

LAST GRADE OR DEGREE COMPLETED PLEASE INDICATE ONLY ONE <input type="checkbox"/> ELEMENTARY (K-6) <input type="checkbox"/> JR. HIGH (7-9) <input type="checkbox"/> SR. HIGH (10-12) <input type="checkbox"/> COLLEGE/TECHNICAL <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> PHD	WHAT COURSE ARE YOU APPLYING FOR? PLEASE INDICATE ONLY ONE <input type="checkbox"/> CAT – COMMUNITY ADDICTIONS TRAINING Are you applying for our Summer Session: _____ <input type="checkbox"/> ACT – ADVANCED COUNSELOR TRAINING <input checked="" type="checkbox"/> IAC – INTRODUCTORY TO ADDICTIONS AND COUNSELLING (Currently under revision) <input type="checkbox"/> TOT – TRAINING OF TRAINERS <input type="checkbox"/> IASD – INDIGENOUS ADDICTIONS SERVICES DIPLOMA <input type="checkbox"/> CWC – COMMUNITY WELLNESS CERTIFICATE <input type="checkbox"/> OSS – OUR SPIRIT SURVIVED	SPECIALTY COURSES NOT LISTED: Applications are accepted on a first-come, first-served basis provided the application is complete, prerequisites met and full fee submitted. NECHI RE-SERVES THE RIGHT TO CANCEL ANY COURSE WHEN MINIMUM REGISTRATION LEVEL IS NOT ACHIEVED AND TO MAKE ANY CHANGES TO COURSE CONTENT AS CIRCUMSTANCES REQUIRE. Every reasonable effort will be made to advise students of cancellations before commencement date.
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IMPORTANT: I WILL BE STAYING IN RESIDENCE YES NO I WILL REQUIRE MEALS YES NO

*** PLEASE NOTE: ANY TRAINING NOT COMPLETED WITH ONE (1) YEAR OF THE PROGRAM START WILL RESULT IN ADDITIONAL MEAL, ACCOMMODATION, AND PROGRAM FEES***

ADDITIONAL HERITAGE If you wish to declare that you are of Aboriginal ancestry within the meaning of the Constitution Act of 1982, please indicate ONE ONLY. <input type="checkbox"/> STATUS INDIAN (FIRST NATION) <input type="checkbox"/> NON-STATUS INDIAN <input type="checkbox"/> BILL C-31 <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> OTHER _____	BAND NAME TREATY AREA	HOW DID YOU FIRST HEAR ABOUT NECHI? <input type="checkbox"/> FRIEND/RELATIVE <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> POSTER/FLYER <input type="checkbox"/> RESOURCE PERSON <input type="checkbox"/> INFORMATION PACKAGE <input type="checkbox"/> INTERNET/EMAIL <input type="checkbox"/> OTHER _____
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PLEASE READ BEFORE SIGNING THIS APPLICATION:

I, the applicant, consent to the collection and use of personal information as stated in Protecting Personal Information above. **I UNDERSTAND THAT ONE OF THE CONDITIONS OF MY ADMISSION TO NECHI IS MY AGREEMENT THAT I WILL ABSTAIN FROM THE USE OF ALCOHOL AND ILLICIT DRUGS FROM THE TIME OF MY ADMISSION TO THE COMPLETION OF MY COURSE.** NOTE: If you are in RECOVERY there is a one (1) year sobriety requirement prior to taking training.

SIGNATURE OF APPLICANT	DATE OF APPLICATION
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*****IMPORTANT INFORMATION – PLEASE READ BEFORE PROCEEDING*****

NOTE: SECTION A – PERSONAL INFORMATION AND SECTION B – SPONSOR & EMPLOYMENT INFORMATION MUST BE COMPLETED.
SECTION C – PERSONAL HISTORY FOR APPLICANTS MUST BE COMPLETED.

SECTION B

All students are assessed a fee for textbooks and graduation. An agreement regarding these fees and travel costs should be discussed between the sponsoring agency and the applicant.

EMPLOYER OR SPONSORING AGENCY	SUPERVISOR/CONTACT	
BOX/STREET ADDRESS	PROVINCE	POSTAL CODE
PHONE ()	FAX ()	
LENGTH OF APPLICANTS EMPLOYMENT AT PRESENT AGENCY/ORGANIZATION		
APPLICANT'S EMPLOYMENT POSITION/TITLE		

THIS SECTION TO BE COMPLETED BY THE AUTHORIZED REPRESENTATIVE OF THE SPONSORING AGENCY

<p>Is this applicant</p> <p>1. A Volunteer? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2. A Counsellor? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>3. In a Management Position? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>4. Entitled to receive the T22A? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Total Volunteer Hours Completed</p> <hr/>
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PLEASE READ BEFORE SIGNING THIS APPLICATION

I, the Sponsor/Employer, agree to sponsor the applicant for Nechi Training. If the applicant is accepted into Nechi Training, I agree to accept financial responsibility for tuition, books, accommodation, meals, and travel costs associated with the training for the student unless the applicant and this agency have another agreement in place.

AUTHORIZED AGENT (PRINT CLEARLY):	AUTHORIZED AGENCY SIGNATURE (PRINT NAME):	
DATE	FOR OFFICE USE ONLY	

NOTE: Payment for this applicant must be received by our office prior to the commencement of training. Once payment has been received, the student will be notified via telephone by Student Services of their confirmed start date!

*****IMPORTANT INFORMATION – PLEASE READ BEFORE PROCEEDING*****

It is your responsibility to ensure all requested information is supplied.
Incomplete applications will not be accepted for consideration by our Selection Committee.

**SECTION C
PERSONAL HISTORY FOR ALL APPLICANTS**

PLEASE DESCRIBE YOUR HISTORY WITH ADDICTIONS.

DO YOU HAVE ANY EXPERIENCE IN THE FIELD OF ADDICTIONS COUNSELLING, HUMAN SERVICES OR MANAGEMENT? IF SO, PLEASE PROVIDE DETAILS.

ARE YOU EMPLOYED? DESCRIBE YOUR EMPLOYMENT SITUATION AND HOW YOU THINK NECHI TRAINING WILL ASSIST YOU PERSONALLY OR PROFESSIONALLY?

HAVE YOU TAKEN ANY ADULT EDUCATION COURSES? IF YES, PLEASE PROVIDE DETAILS.