



# APPLICATION FOR ADMISSION – NECHI TRAINING PROGRAMS

## 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.

### 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.

### 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"/> Other <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 (Current Address)				CITY/TOWN		PROVINCE		POSTAL CODE	
COUNTRY		HOME TELEPHONE		WORK TELEPHONE		CELL PHONE:			
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  <input type="checkbox"/> I HAVE MY ENGLISH 30 REQUIREMENTS <input type="checkbox"/> I AM APPLYING AS A MATURE STUDENT		WHAT COURSE ARE YOU APPLYING FOR? PLEASE INDICATE ONLY ONE. <input type="checkbox"/> IAC – Introduction to Addictions Counselling (CAT/ACT) <input type="checkbox"/> IASD – Indigenous Addictions Services Diploma Year 1 – Certificate <input type="checkbox"/> IASD – Indigenous Addictions Services Diploma Program Year 2 <input type="checkbox"/> Crystal Meth Awareness Training <input type="checkbox"/> Pharmacology <input type="checkbox"/> TOT – Training of Trainers	
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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/RESOURCE PERSON <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> POSTER/FLYER <input type="checkbox"/> MARKETING EVENT AT _____ <input type="checkbox"/> INTERNET/EMAIL <input type="checkbox"/> OTHER _____	
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### ARE YOU CURRENTLY TAKING ANY MEDICATION THAT MAY IMPEDE YOUR LEARNING AND COMPREHENSION?

Please list all current medications, if any:		Do you have any food allergies: Please list them here.	

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

It is your responsibility to ensure all requested information on this application is provided. **Incomplete applications will not be accepted for processing until it is complete.**

**SECTION B – SUITABILITY SECTION  
PERSONAL HISTORY FOR ALL APPLICANTS ATTENDING NECHI PROGRAMS**

**NOTE: Professional & Ethical Conduct**

Professional and ethical conduct is expected from all students, including respecting other people’s personal space, boundaries, and property. Our Institute is ethically and legally obliged to inform you our programs are educational and not intended as therapy or treatment. Nechi cannot assume responsibility for any psychological, physical, behavioural or emotional reaction which may result during or following our courses. Nechi will provide referrals for those students requiring professional counselling or therapy for personal and professional development. **Personal disclosures of a high-risk nature will receive an appropriate response to ensure the safety of all students. Trainers are required by law to report disclosures of homicide, suicide, and child abuse.**

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE THAT YOU HAVE NOT YET BEEN PARDONED FOR? IF SO, HOW LONG AGO AND WHAT THE NATURE OF YOUR CHARGES? *(INTERNING STUDENTS WILL NEED TO PROVIDE A CRIMINAL RECORDS CHECK UPON COMMENCEMENT OF INTERNSHIP)*

HAVE YOU EVER PUT ANYONE AT RISK OR IN NEED OF SAFETY BY YOUR CONDUCT? IF SO, HOW LONG AGO AND WHAT THE NATURE OF YOUR CHARGES?

PLEASE DESCRIBE YOUR HISTORY WITH ADDICTIONS. AGE STARTED, PROGRESSION OF ADDICTIONS, TYPE OF SUBSTANCE, LENGTH, AND WHEN YOU HAD YOUR LAST DRINK/DRUG?

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, AND IF POSSIBLE PROVIDE A COPY OF YOUR CERTIFICATE OR PARCHMENT.

## SECTION C

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. Payment for any training program must be paid at least one month before commencement of training.

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.** It is important the funder notifies Nechi before the end of the calendar year, on where and to whom the T22A Educational Credits should be sent.

<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>5. Incarcerated and attending from an Institution?      YES <input type="checkbox"/>    NO <input type="checkbox"/></p> <p>Contact Person _____ Contact Number: _____</p>	<p>Total Volunteer Hours Completed</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
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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.

Please mail the invoice to: \_\_\_\_\_

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!**

SIGNATURE OF APPLICANT	DATE OF APPLICATION
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