



CENTRE WANAKI CENTRE

📍 50 Wanaki Mikan ✉ P.O. Box 37, Maniwaki (Qc) J9E 3B3
☎ 819-449-7000 📞 1-800-745-4205 📠 819-449-7832
✉ reception@wanakicentre.com 🌐 www.wanakicenter.com

ADMISSIONS: ext 4227
☎ 819-449-2007
✉ admissions@wanakicentre.com

WELLNESS WEEK APPLICATION RESIDENTIAL PROGRAM

Updated February 2024

This admission form contains three (3) sections:

Section 1: Informed Consent

Section 2: Participant Admission – General Information

Section 3: To be completed by the participant.

- ❑ **STEP 1:** The Wanaki Centre must receive sections 1 to 3 fully completed before we can proceed with our clinical assessment.
- ❑ **STEP 2:** The Centre will complete a clinical assessment within 7 working days. The Centre's admission decision will be provided to the participant in writing.
- ❑ **STEP 3:** Upon receipt of the admission decision, the participant must sign and return the signed form by fax or email within 7 days to confirm the participant' admission to the Wellness program.
- ❑ **STEP 4:** Once the Wanaki Centre has received the signed admission decision form by the participant and referral worker, a Zoom or phone pre-contact meeting will be scheduled with the participant prior to the start of the program to provide additional information.

There are 4 principles to follow:

- Respect for yourself and others
- Honesty with yourself and others
- Willingness to listen and learn
- Openness to share

All applications sent to the Wanaki Centre are valid for 3 months. If an application exceeds 3 months, a new application will have to be submitted.

You are responsible to work to the best of your ability on your 4 aspects:

- Physical (walking, exercise)
- Mental (paying attention during workshops, reading, learning from others)
- Spiritual (smudging, praying, medication, offering tobacco)
- Emotional (writing in my journal, sharing in the circle)



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*30 years of empowering First Nations and Inuit Peoples to live a balanced lifestyle.
30 ans de parcours de guérison culturelle de qualité offert aux Premières Nations et Inuits.*



Informed Consent Form

Wanaki is a recognised NNADAP Treatment Centre with several years of experience specializing in various counseling. We value our relationship with our participants and believe that such relationship is the guiding line in the healing process.

We believe that each individual is unique and has their own way of addressing resolutions. Thus, we believe in a wellness model that helps our participants empower themselves by focusing on what works for them and not in a systematic approach that provides a generic procedure on working on a treatment. One's journey is not the same as the other.

Participant's Rights

1. The participant may ask questions on what to expect during and end result of the wellness program.
2. The participant may decline to proceed the program as to the techniques which may be conducted by the clinical team.
3. The participant may cease to continue the wellness program at anytime.
4. The Clinical Team has the right to dismiss the participant from the program.
5. Right to confidentiality: Within limits provided for by law, all records and information acquired by the counsellor shall be kept strictly confidential in accordance with the principles of a counsellor/participant relationship. All information will not be shared or revealed to any person, agency, or organization without the prior written consent of the participant.
6. The participant can raise any concerns and ask to speak with a counsellor immediately of any concerns provided that the counsellor is likewise available to discuss matters with the participant.

I _____, declare that I have read all of the information including my responsibilities. I understand that if I do not abide by the outlined principles and responsibilities that I could be asked to leave the program. I agree that if I am accepted in the program that I will fully participate on a daily basis, and complete work assignments.

Participant Signature

Date



SECTION 2: PARTICIPANT ADMISSION – GENERAL INFORMATION

**** Please include a copy of the first nation status card or Inuit registration**

*Surname:		*Name:		
Email:				
*Date of birth DD/MM/YYYY:	Age:	*Sex (identify as):	Telephone:	Cellphone:
*Address (Add P.O box if required)			City:	Province:
				Postal Code:
Language Spoken:		Language Preferred:		Language Understood:
Community:		Nation:		First Nation status number / Inuit registration:

EDUCATION

Last grade completed? _____ <input type="checkbox"/> Elementary school <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Professional <input type="checkbox"/> Other:	Where? <input type="checkbox"/> Public Off-Reserve <input type="checkbox"/> Public On-Reserve <input type="checkbox"/> Private School <input type="checkbox"/> Residential School	Reading Level: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	Writing Level: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
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REFERRAL INFORMATION OR EXTRA SECTION TO BE COMPLETED FOR FRONTLINE WORKER APPLYING FOR THE WANAKI PROGRAM

Surname:		Name:		
Employment title:	Telephone:	Cellphone:		
Organization:		Email:		
Organisation address:(Add P.O box if required)		City:	Province:	Postal Code:

MEDICAL INFORMATION

Do you have any allergies and/or dietary restrictions?

Yes
 No

If yes, what allergies or dietary restrictions should we know of during your wellness week?



