



**Indigenous Wellness and
Addiction Prevention
Training Program First Year**



Location of Training: Virtual

Registration Form: Personal Information

Last Name: _____

First Name: _____

Second Name: _____

Previous Last Name (if applicable): _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Alternate Phone: _____

Email Address: _____

Date of Birth (YY/MM/DD): _____

Gender: Male Female

Self-Identification:

First Nation (please specify) _____

Metis

Inuit

Registration Information

Do you have a secondary school diploma? Yes No

If no, what was the highest grade you completed? _____

Have you written a pre-admission mature student test before? Yes No

Do you have an Ontario Secondary School Diploma equivalency? Yes No

If yes, describe: _____

Have you attended college or university? Yes No

Name of the college/university? _____ Program: _____

Are you presently employed? Yes No F/T P/T Employer: _____

Are you on E.I.? Yes No Are you an Ontario Works client? Yes No

Are you familiar with Microsoft teams? Yes No

Are you familiar with Zoom? Yes No



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Registration Information (continued)

In case of an emergency whom can we contact?

Name: _____ Phone: _____

Relationship to you: _____

Consent to Disclosure

I certify that the above information is true and complete. I understand that any false or incomplete information may invalidate my application. I have read the Freedom of Information and Privacy Protection statement below. I authorize my previous educational institutions and/or the Ministry of Education to release my academic information and school record to the above mentioned college. I also authorize the release of this information to the Ministry of Training, Colleges and Universities. I authorize Canadore College to disclose academic information as required to sponsoring agencies or other adult education providers.

Applicant's Name (please print) _____

Applicant's Signature _____ Date _____

Witness Signature _____ Date _____

Freedom of Information and Protection of Individual Privacy

The personal information on this application is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1990,c.M.19,s.5 and Regulation 770, R.R.O.1990,s.8. The information is used for the administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. If you have any questions regarding the collection and use of this personal information, please contact the Registrar of the College.

For further information, please call:

Tiffany Dumont
Mental Wellness Coordinator
Wanaki Center
mwt@wanakicentre
819-334-0538

Sara Julian
Manager, Community Based and Contract Training
First Peoples' Centre
705-474-7600: Extension 5366/5647