



CENTRE WANAKI CENTRE

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ADMISSIONS: ext 4227
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WELLNESS WEEK APPLICATION VIRTUAL PROGRAM Updated September 2022

This admission form contains three (3) sections:

- Section 1:** Informed Consent
- Section 2:** Client Admission – General Information
- Section 3:** To be completed by the client

- ❑ **STEP 1:** The Wanaki Centre must receive sections 1 to 3 fully completed before we can proceed with our clinical assessment. We highly recommend to all applicants to have a referral worker for support.
- ❑ **STEP 2:** The Centre will complete a clinical assessment within 7 working days. The Centre's admission decision will be provided to the referral and client in writing.
- ❑ **STEP 3:** Upon receipt of the admission decision, the referral and client must sign and return the signed form by fax or email within 7 days to confirm the client' admission to the virtual program cycle.
- ❑ **STEP 4:** Once the Wanaki Centre has received the signed admission decision form by the client and referral worker, a Zoom or phone pre-contact meeting will be scheduled with the client 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.*



SECTION 1: INFORMED CONSENT

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 clients 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 clients 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.

Client's Rights

1. The client may ask questions on what to expect during and end result of the wellness program.
2. The client may decline to proceed the program as to the techniques which may be conducted by the clinical team.
3. The client may cease to continue the program wellness anytime.
4. The Clinical Team has the right to dismiss the client 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 to the principles of a counsellor/client relationship. All information will not be shared or revealed to any person, agency, or organization without the prior written consent of the client.
6. The client can raise any concerns and to speak with the counsellor immediately of any concerns provided that the counsellor is likewise available to discuss matters with the client

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.

Client Signature

Date

Referral Signature

Date



SECTION 2: CLIENT 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? _____		Where?		Reading Level:	
<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:		<input type="checkbox"/> Public Off-Reserve <input type="checkbox"/> Public On-Reserve <input type="checkbox"/> Private School <input type="checkbox"/> Residential School		<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	

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:
If you are a frontline worker applying for our program, would you like your welcome package sent:					
<input type="checkbox"/> to your organization <input type="checkbox"/> to your personal address					



