Gimiyiyat

Cultural Life Skills Program

Participant Information

Please print clearly. Staff can help you complete this page.
This information supports program registration and contact with you.

First name

Last name

Date of birth YYYY / MM / DD

Number of dependants

Street address or mailing address

Community or city

Province or territory

Postal code

First Nation affiliation

Email address

Telephone number

If a question does not apply, write N/A. Please discuss any questions with staff.

Cultural Life Skills Program

Application Form

Please print clearly. Staff can help you complete this form.
These questions help us plan contact and participation support.
You may leave optional questions blank and discuss your needs with staff.

Organization or program location: _____

Program dates: _____

1 Applicant information

Full name: _____

Preferred name: _____

Community or place of residence: _____

Application date: _____

2 Phone and email

Do you have access to a phone?

☐ Yes ☐ No ☐ Sometimes

Phone number: _____

May staff call, text, or leave a voicemail? Select all that apply.

☐ Call ☐ Text ☐ Voicemail ☐ Please discuss with me

Do you have an email address you can check?

☐ Yes ☐ No ☐ Need help accessing it

Email address: _____

How would you prefer staff to contact you?

☐ Phone call ☐ Text ☐ Email ☐ Other

Best time to contact you or another contact method: _____

3 Transportation

Do you have a reliable ride to and from the program?

☐ Yes ☐ No ☐ Sometimes ☐ Not sure

How will you travel, and what transportation support might you need?

_____

Family needs and program commitment

Applicant name: _____

4 Children and childcare

Do you have children? This question is optional.

☐ Yes ☐ No ☐ Prefer not to answer

Number of children and ages, if you wish to share: _____

Would childcare arrangements affect your ability to attend?

☐ Yes ☐ No ☐ Sometimes ☐ Not sure

What childcare or family support would help you attend? _____

Staff will discuss available support. Completing this form does not confirm childcare.

5 Goals and commitment

Why would you like to join the Cultural Life Skills Program?

_____

_____

What is one skill or personal goal you would like to work on?

_____

After reviewing the program schedule, can you commit to attending?

☐ Yes ☐ With support ☐ Not sure yet

What could affect attendance, and what support would help? _____

_____

Are you willing to participate respectfully, work toward your goals, and let staff know when you cannot attend?

☐ Yes ☐ I would like to discuss this

Other access needs or questions you would like to discuss, optional:

_____

6 Applicant acknowledgement

I have answered as accurately as I can. Staff may use my preferred contact method to follow up about this application and my participation needs. Submitting this application does not guarantee a place in the program.

Applicant signature or mark: Date: _____