



MÉTIS COMMUNITY SUPPORT WORKER PROGRAM

PARTICIPANT APPLICATION FORM

OFFICE USE ONLY:

Date received:

Client File #:

Part One: Participant Information			
Birth Date (i.e. May 10, 1980)		SIN #:	
Last Name:		First Name & Middle initial:	
Gender:		Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
Contact Information:			
Daytime Phone #:		Email Address:	
Cell Phone #:			
Mailing Address:			
Address:		Province:	
City:		Postal Code:	
Permanent Address (if different from mailing address):			
Address:		Province:	
City:		Postal Code:	
Other information:			
Method of Métis ID:		<input type="checkbox"/> Notarized Declaration Form <input type="checkbox"/> Métis Citizenship # _____	
Are you a resident of BC?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long have you lived here? _____	
Dependents (Names & Ages):			
What is the highest level of education you have achieved?		<input type="checkbox"/> Some high school <input type="checkbox"/> High school diploma or equivalent (Dogwood) <input type="checkbox"/> Some post-secondary <input type="checkbox"/> Certificate, <input type="checkbox"/> Other:	
Are you legally allowed to work in Canada?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not employed	
If you are not currently employed, are you eligible for EI?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure



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Part One: Participant Information Continued

Disability:
(check all that may apply)

- Long Term Disability
- Short Term Disability
- Not on Disability Assistance
- I have a Learning Disability or a Learning Challenge
- I have a Physical Disability or a Physical Challenge
- I do not have a Disability or Challenge to my knowledge

Part Two: Program Participation Information

Please Note: The Métis Community Support Program is scheduled to run on a full time basis beginning June 4 2018, with a scheduled end date of December 14, 2019. Please keep this in mind when responding to the following questions.

Please tell us a little bit about yourself & why you are interested in participating in this program (point-form acceptable):

Why should we accept you into this program? (point-form acceptable):

If accepted into the program, can you attend school full-time?

Yes No

If no, please describe why:

How do you plan to support yourself financially while attending school full time? (point-form acceptable):



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<i>Program Participation Information Continued</i>	
Will you need financial support during the program? (Living allowance, transportation cost etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Community Support Worker program at UFV requires all students to complete a Criminal Record Check (CRC) for practicum placement. For the purposes of this program, an unsuccessful CRC may not cause you to be ineligible for the MCSW program; however, it will affect your practicum placement. Do you consent to the completion of a CRC if accepted in this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe why:	
If accepted into the program:	
Are you able to commute to the Chilliwack UFV Campus for all classes & workshops?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe why:	
The program coordinator will be conducting monthly check-ins with all participants to monitor their progress. Are you willing to update the coordinator monthly via telephone, Skype or in-person meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe why:	
Do you consent to the program coordinator contacting your instructors for feedback on your progress throughout the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe why:	
Are you willing to attend and participate in bi-weekly Métis cultural workshops?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe why:	

In signing this document, I acknowledge, understand and accept that:

- a. This information in this document is accurate and true to the best of my knowledge; and
- b. There is no obligation on Métis Nation British Columbia (MNBC) to accept my application into the Métis Community Support Worker Program

Signature of Applicant

