



**Oshki Annishinabe Nigaaniwak**  
"Young Indigenous People Leading" The City of Winnipeg's Indigenous Youth Strategy

## Honouring Gifts Application Form

455 McDermot Avenue  
Winnipeg, Manitoba  
R3A 0B5

Phone: 204- 953-5920 Fax: 204-953-5824

Email:dbarron@kanikanichihk.ca

### **PLEASE READ CAREFULLY BEFORE YOU SIGN**

To the best of my knowledge, I certify that the information contained in this application is true and correct. I realize that any false information contained in the application may result in my disqualification from Ka Ni Kanichihk Inc. I hereby authorize the disclosure to Ka Ni Kanichihk Inc. of any information from any source for the purpose of verifying and/or investigating this application. I understand that by signing this form, I am giving permission to ka Ni Kanichihk Inc. to contact my references.

I understand that Ka Ni Kanichihk Inc. may obtain and provide relevant information about any situation with program partners. Relevant information includes aspects such as my progress in the program, or any related information that could affect my progress.

**Privacy Notice:** Ka Ni Kanichihk Inc. values our relationship with you and respects your privacy. We do not sell or barter your information to third parties. Any disclosure of your information will be done with your consent and with appropriate safeguards taken under circumstances outlined in our Privacy Code.

**Privacy Consent:** I understand and acknowledge that Ka Ni Kanichihk Inc. collects, uses and discloses my personal information on the basis outlined in Ka Ni Kanichihk Inc. Privacy Code, a copy of which I may obtain upon request. By requesting Ka Ni Kanichihk Inc. services, I hereby consent to the collection, use and disclosure of my personal information by Ka Ni Kanichihk Inc. on such basis

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **PERSONAL INFORMATION**

Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you been at this address? \_\_\_\_ years? \_\_\_\_ Months?

Phone No. \_\_\_\_\_ Cell \_\_\_\_\_ Alternate \_\_\_\_\_

**Social Insurance Number** \_\_\_\_\_

\*If you have a change of phone number, please call 204-953-5820 so we can update your application.

Emergency contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Status (Check the box that best fits your situation)

Single no children                       Married/Common Law no children

Single Parent with children             Married/Common Law with children

Number of dependent children \_\_\_\_\_

## **ELIGIBILITY**

The program requires that participants are Aboriginal women 18-30 who have low income. Please check the box that applies to you.

First Nations (with status)

First Nations (Non-status)

Metis

Inuit

Are you currently receiving income assistance? Yes  No

If yes, how long? Less than 6 months   
6 months to 2 years   
2 years to 5 years

EIA Coordinator Name: \_\_\_\_\_ Case number #: \_\_\_\_\_  
Phone number: \_\_\_\_\_

OR: Are you on Employment Insurance? Yes  No

**To be eligible for programming childcare is necessary. Please register online for childcare at [www.onlinechildcareregistry.gov.mb.ca](http://www.onlinechildcareregistry.gov.mb.ca)**

Have you registered you children Yes  No

Do you currently have your child/children in daycare Yes  No

If so, what is the name the daycare? \_\_\_\_\_  
Phone number: \_\_\_\_\_

## **EDUCATION**

Check your level of education (**Check only one**)

- |  |  |
|--|--|
| <input type="checkbox"/> I have completed grade ____ | <input type="checkbox"/> completed high school |
| <input type="checkbox"/> Some college                | <input type="checkbox"/> completed college     |
| <input type="checkbox"/> Some University             | <input type="checkbox"/> completed university  |
| <input type="checkbox"/> Other _____                 |  |

## **EMPLOYMENT HISTORY**

(all spaces must be completed, use N/A if not applicable)

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

**What is your education goal?**

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**Please write a short story about your life and some of the challenges you have overcome.**

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**What are the supports offered by Honouring Gifts that will help you the most?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**How did you hear about Honouring Gifts?**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Newspaper    | <input type="checkbox"/> Radio                       |
| <input type="checkbox"/> Poster/Email | <input type="checkbox"/> Ka Ni Kanichihk participant |
| <input type="checkbox"/> Friend       | <input type="checkbox"/> Income Assistance           |
| <input type="checkbox"/> Facebook     | <input type="checkbox"/> other _____                 |

## References

Please note: Suggested choices would be employers, instructors, customers, social workers, landlords or someone who has known you well for the last 2 years. If you have a resume please attach it.

I agree to complete and return a criminal record check and child abuse registry satisfactory to Ka Ni Kanichihk Inc. These checks are required for practicum placements. **Initial:**\_\_\_\_\_

**Note: This will not affect your program eligibility.**

**Please do not use relatives**  
Please provide information on 2 references

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Current address: \_\_\_\_\_

Email: \_\_\_\_\_

How do they know you? \_\_\_\_\_

How long? \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Current address: \_\_\_\_\_

Email: \_\_\_\_\_

How do they know you? \_\_\_\_\_

How long? \_\_\_\_\_