



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- 953-5820 Fax: 204-953-5824
Email: rklippenstein@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

Signature: _____

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 (required) _____

*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 #: _____

Phone number: _____

OR: Are you on Employment Insurance? Yes No

To be eligible for programming your children must have childcare. You can register online for childcare at www.onlinechildcareregistry.gov.mb.ca. If you don't have childcare, please register as soon as possible.

Have you registered your children for daycare? 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) Please include year completed**

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

EMPLOYMENT HISTORY

(Use N/A if not applicable)

Employer: _____ Date: _____

Employer: _____ Date: _____

Employer: _____ Date: _____

What is your education goal?

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

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 Page | <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.

Once accepted into the program participants will be asked to complete criminal record and child abuse registry checks as part of the practicum placement process. 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 No: _____

Current address: _____

Email: _____

How do they know you? _____

How long? _____