

Participant Application Form



INDIGENOUS END OF LIFE GUIDE: FIRST NATIONS HEALTH AUTHORITY

This online course is designed for Indigenous individuals who have been or will be called upon to provide care, support and advocacy for someone who is facing the end of their life. Learners in this course develop an understanding of how the continuity of care and advocacy they provide complements the end of life care provided by the medical community, hospicepalliative care workers, home visitors and community volunteers. This course will provide you with opportunities to discuss issues, ask questions, and join a community of practice that can support you as a caregiver when providing support to individuals and families experiencing end of life. This course is for non-regulated health care providers, paid workers whose role it is to visit clients/ families, or community volunteers.

I have previo	ously taken a course a	it Douglas College, S	Student # (if known))

Personal Information

Please print as your information will be used for registration and certificate upon completion of the course. NOTE: The names indicated below must be your legal names for use on all official documentation.

LAST NAME			FIRST NAME			
MIDDLE NAM	MIDDLE NAME			FORMER NAME (IF APPLICABLE)		
Mailing In	formation: (for onli	ine courses, a package w	vill be mailed to this a	ddress)		
	STREET OR P.O. BOX N			APT NUMBER		
CITY/TOWN		PROVINCE	COUNTRY	POSTAL CODE		
EMAIL ADD	RESS (REQUIRED):					
Phone:	AREA CODE	PHONE NUMBER	l .	EXTENSION		
Alternate:	AREA CODE	PHONE NUMBER		EXTENSION		
Gender: (O Female	O Male	O Two Spirit	○ Transgender		
	O Trans Man	O Trans Woman	O Other	O Prefer not to answer		

Date of Birth (REQUIRED):

Please choose your session (preferably choose within your region): May 30th - June 2nd 2022 (VCH and Fraser Salish Applicants Only. Location: New Westminster) September 19th - 22nd 2022 (Northern Applicants Only. Location: Prince George) September 26th-29th 2022 (Island Applicants Only, Location: Nanaimo) October 17th-20th 2022 (Interior Applicants Only, Location: Kamloops) For IEOLG committee review, please answer the following: **1.** Do you identify as Indigenous? OYes O No a. Which Nation are you a member? b. Which Indigenous community do you live in? c. In which Indigenous community will you practice as an End of Life Guide? 2. Which region do you live in: O Northern • Vancouver Island O Interior O Fraser Salish O Vancouver Coastal ONo a. Your Role: OHCA/PSW OVolunteer OOther Please specify: **4.** Who is your community Health Director? ______ 5. After attending this session, are you prepared to work with the health care providers (paramedics, nurses and care aides) to support community members and their families with life limiting illness? **O**Yes O No O No **7.** Are you committed to attending all 4 days? • OYes O No (It is required to attend all 4 days in order to receive a Recognition of Course Completion)

8. I would like to take the Indigenous End of Life Guide training because (a few sentences):