



REGISTRATION FORM

PROGRAM APPLYING FOR: _____

PERSONAL INFORMATION

NAME: _____

Language(s) fluent: _____

Language(s) written: _____

MAILING
ADDRESS:

E-mail:

Work Telephone: _____

Work Fax: _____

Home Telephone: _____

Cell Phone: _____

In Case of Emergency Contact: _____

Relationship: _____

Telephone number: _____

<i>Where did you hear about AEI?</i>	
--------------------------------------	--

Signature: _____

Date: _____





Self-Assessment Questionnaire

Name: _____ **Date of Birth:** _____

Education Counselor: _____ Telephone: _____

Sponsorship Letter Submitted: Yes____ No____ OSAP: Yes____ No____

First Nation: _____ SIN: _____

Employer and Organization's Name: _____

Your role within Organization: _____

Do you have a current Standard First Aid Certificate? Yes____ No____

Do you have a current CPR+Peds Certificate? Yes____ No____

Identify any health related concerns that you would like us to know about:

(i.e. diabetes)_____

Note: These certificates will be required prior to the first field placement / field practicum.

Secondary School:

Last grade completed: _____ Year: _____

Name of School: _____

Transcripts Submitted: Yes ____ No____

Post Secondary:

Name of College/University: _____

Program of Study: _____ Year(s) Attended: _____

Graduate: Yes____No____ Official Transcripts Submitted: Yes____ No____

Employment Experience (last three years)



The following questions enable the AEI to determine program admission. Each question was designed to assist applicants to explore their strengths and other areas that may need further exploration prior to enrolling into their program of study.

Identify your support network:

How will you utilize this support network while you are enrolled in your program of study and while you are attending the on-campus sessions?

What arrangements will you make with your employer and co-workers while you are away from work environment attending classes and mandatory program field placements or volunteer?

Please identify any personal, family, or work related difficulties that you feel may interfere with your ability to complete your program of study?

How do you deal with stress?



Self-Exploration

The full-time distance delivery program format is a unique system that allows students to remain within their communities while studying towards their post-secondary diploma. Students attend two-week on-campus theory based sessions twice a semester for five semesters. These sessions are condensed learning environments, which are mandatory for each enrollee

The following four writing exercises will help you to explore your own strengths and attributes. If you require more space for your response(s), please attach a separate sheet of paper.

Please describe why you would like to pursue this field of study?

What personal or professional experiences have you been involved in that may be helpful to you while you are enrolled in your program of study program? Why would these experiences be helpful?

What personal or professional strengths and attributes do you have that would help you to succeed in this type of program delivery format?



RELEASE OF INFORMATION

Pursuant to Section 42 (b) and (c) of the Freedom of Information and Protection of Privacy Act

“An Institution shall not disclose personal information in its custody or under its control except,

1. Where the person to whom the information related has identified that information and consented to its disclosure;
 2. For the purpose for which it was obtained or compiled for a ~~no~~ consistent purpose:+
-

The undersigned authorizes the disclosure (to and by AEI designate) of:

1. Personal information relating to his/her name, employment and address to any funding agency of the AEI diploma program delivery. (i.e. Medical Services Branch & Health Canada)
2. A record of class attendance to the student employer or designate.
3. A record of class attendance and grades/progress reports to the student funder provided that the AEI receives a signed Release of Information Form from the funder.
4. Academic records pertaining to their enrolment and/or program standing at the applicable college.
5. Mature Testing results obtained from the applicable testing centre and /or agency.

Student Name (print)

Student Signature

Date



RELEASE FORM

I, the undersigned hereby grant the Union of Ontario Indian Inc, the right to photograph me and to record my voice, performances, actions and appearances and to use my picture, photograph, silhouette and other reproductions of my physical likeness.

I hereby grant the Union of Ontario Indians Inc, its successors, assigns and agents the perpetuity rights to use, as you may desire, all still and motion pictures and sound track recordings and records which you may make of me or of my voice, and the right to use my name or likeness. I further grant the right to reproduce in any manner whatsoever any recordings including all instrumental, musical, or other sound effects produced by me.

I agree that I will not assert or maintain against the Union of Ontario Indians, your successors, assigns and licensees, any claim, action, suit or demand of any kind or nature whatsoever, including but not limited to those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any reason in connection with your authorized use of my physical likeness and sound.

I hereby certify that I am 18 years of age or over and have read the forgoing and fully understand the meaning and effect therefore.

PRINT NAME _____ WITNESS _____

Signatures _____

Dated this _____ day of _____, 20____.

Address _____

Phone Number: _____