

# 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, hospice/palliative 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 previously taken a course at Douglas College. 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 NAME		FORMER NAME (IF APPLICABLE)	
<b>Mailing Information:</b> (for online courses, a package will be mailed to this address)			
HOUSE AND STREET OR P.O. BOX NUMBER			APT NUMBER
CITY/TOWN	PROVINCE	COUNTRY	POSTAL CODE
<b>EMAIL ADDRESS (REQUIRED):</b>			
<b>Phone:</b>	AREA CODE	PHONE NUMBER	EXTENSION
<b>Alternate:</b>	AREA CODE	PHONE NUMBER	EXTENSION
<b>Gender:</b>	<input type="radio"/> Female	<input type="radio"/> Male	<input type="radio"/> Two Spirit
	<input type="radio"/> Trans Man	<input type="radio"/> Trans Woman	<input type="radio"/> Other
			<input type="radio"/> Transgender
			<input type="radio"/> Prefer not to answer

### Date of Birth (REQUIRED):

DATE (XX)                      MONTH (XX)                      YEAR (XXXX)

Please choose your online session (preferably choose within your region):

November 4, 5, 8 and 9 (Combined Regions)  
January 31, February 1, 3, and 4 (Combined Regions)  
March 28, 29, 30, and 31\* (Fraser Salish Region; to take place in New Westminster)

\*Note: these dates reflect an **in-person** course. If the course moves to **online** due to public health recommendations, the dates will change to March 28, 29, 31, and April 1

For IEOLG committee review, please answer the following:

1. Do you identify as Indigenous?     Yes     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:  
 Northern     Vancouver Island     Interior     Fraser Salish     Vancouver Coastal
3. Do you presently play a role in supporting community members who are ill?     Yes     No
  - a. Your Role:     HCA/PSW     Volunteer     Other    Please specify: \_\_\_\_\_
4. Who is your community Health Director? \_\_\_\_\_
  - a. Is the Health Director aware of your application?     Yes     No
  - b. Does he/she support you attending the Indigenous End of Life Guide online course?     Yes     No
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?  
 Yes     No
6. Are you seeking personal support with loss and grief from this course?     Yes     No
7. Are you committed to attending all 4 days?     Yes     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):

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Send your completed application form by EMAIL to [amalea.ruffett@fnha.ca](mailto:amalea.ruffett@fnha.ca) or fax to 604.666.0275. Please note incomplete forms will not be reviewed.

Regulated health professionals are eligible for other education funding, email [amalea.ruffett@fnha.ca](mailto:amalea.ruffett@fnha.ca) if you have questions about this.