



## Application Instructions

Thank you for your interest in the Anishinabek Educational Institute (AEI) diploma/certificate programs.

When applying to one of the AEI programs you must complete and return the following AEI intake forms:

1. AEI Registration Form
2. Self-Assessment Questionnaire
3. Release of Personal Information Form
4. Image Release Form
5. Provide Official High School and/or Post Secondary Transcripts with your application
6. All applicants must arrange with the AEI to complete the Canadian Adult Achievement Test before determining eligibility.

**NOTE:** Send completed Registration Intake Package to the AEI campus you are applying to by mail or fax.

### **Nipissing Main Campus**

1 Migizii Miikan  
P.O. Box 711  
North Bay, Ontario  
P1B 8J8

1-800-334-3330  
Tel: 705-497-9127  
Fax: 705-497-9876

### **Munsee-Delaware Campus**

533 Thomigo Road, RR#1  
Muncey, Ontario  
N0L 1Y0

1-800-441-5904  
Tel: 519-289-0777  
Fax: 519-289-0379

For more information, visit us online at [www.aeipostsecondary.ca](http://www.aeipostsecondary.ca)



# REGISTRATION FORM

PROGRAM APPLYING FOR: \_\_\_\_\_

## *PERSONAL INFORMATION*

NAME: \_\_\_\_\_

ADDRESS: 


E-mail: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Language(s) fluent: \_\_\_\_\_

Language(s) written: \_\_\_\_\_

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In Case of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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<i>Where did you hear about AEI?</i>	
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Signature: \_\_\_\_\_

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



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 \_\_\_

Note: These certificates only apply to specific programs that are required prior to the first field placement / field practicum

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

(i.e. diabetes) \_\_\_\_\_

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)**

Name of Organization:	Position Held:	Duration of Employment:

Briefly describe any experience you feel is relevant to your participation in the program:  
(Volunteer work, committees, community activities, etc.)

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Some programs include fieldwork placements that require a Criminal Records check. This check is the responsibility of the student to obtain prior to your enrollment into the program. If this is relevant to the program you are registering for, do you have any concerns relating to this?

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Indicate three character references:

Name:	Position:	Phone:



## Self-Assessment Questionnaire

*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:

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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?

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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?

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

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How do you deal with stress?

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## Self-Exploration

The full-time distance delivery program is a unique format 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?

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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?

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

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## RELEASE OF INFORMATION

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

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***“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 “consistent purpose.”
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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.

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Student Name (print)

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Student Signature

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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: \_\_\_\_\_