



**PERSONAL INFORMATION**

First Name:		Last Name:	
<b>Residential</b> Address: Street Number/Street Name		<b>Mailing</b> Address: <input type="checkbox"/> same as street address PO Box Number	
Town/Province/Postal Code		Town/Province/Postal Code	
Home Telephone:		Work Telephone:	
Cell Phone:		Email Address:	
First Nation Affiliation:		Ten Digit Band Number:	
Date of Birth: <i>Day/Month/Year</i>		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Social Insurance Number:			
<b>In Case of Emergency Contact:</b> First/Last Name		Relationship:	
Telephone Number:		Alternate Telephone Number:	
Identify any health related concerns that you would like us to know about:			
Do you have any learning concerns that you would like us to know about? Individual Education Plan <input type="checkbox"/> yes <input type="checkbox"/> no Other, please describe:			

**CHECK PROGRAM OF INTEREST**

<p><b>Entry/Certificate</b></p> <p><input type="checkbox"/> Pre Health Sciences</p> <p><input type="checkbox"/> Personal Support Worker</p>	<p><b>Diploma</b></p> <p><input type="checkbox"/> Native Community Worker – Traditional Aboriginal Healing Methods</p> <p><input type="checkbox"/> Native Early Childhood Education</p> <p><input type="checkbox"/> Practical Nursing</p> <p><input type="checkbox"/> Social Service Worker – Indigenous Knowledge</p>
<p><b>Diploma/Degree</b></p> <p><input type="checkbox"/> Bachelor of Social Work</p>	<p><b>Post Diploma</b></p> <p><input type="checkbox"/> Fetal Alcohol Spectrum Disorders</p> <p><input type="checkbox"/> First Nation Child Welfare Advocate</p>

**EDUCATION INFORMATION**

High School Name:	College Name:	University Name:
Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Program of Study:	Program of Study:
Highest Level Completed:	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYMENT INFORMATION (if applicable)**

Employer Name:	Your role:
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**TUITION PAYMENT INFORMATION** Check Your Funding Source

<input type="checkbox"/> First Nation Education	<input type="checkbox"/> Employment & Training	<input type="checkbox"/> OSAP
<input type="checkbox"/> Indian Friendship Centre	<input type="checkbox"/> Ontario Metis Nation	<input type="checkbox"/> Second Career
<input type="checkbox"/> ECE Grants (ECE only)	<input type="checkbox"/> Self-funded	<input type="checkbox"/> Other:

**HOW DID YOU HEAR ABOUT AEI?** \_\_\_\_\_

Most programs are a unique delivery format of 2 weeks of classes, twice during each semester. These sessions are condensed and require mandatory attendance. Students are responsible for a full-time workload during the entire length of the program.

AEI would like you to explore and identify your support network while enrolled in the program;

Identify your support network at home and work:
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What arrangements will you make with your employer while attending classes and field placements?
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Identify any personal, family or work related difficulties that may interfere with your ability to complete the program:
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How do you deal with stress?
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Do you plan to continue in another program after completing this program?
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**DECLARATION**

I declare the information provided on this application is true and complete. I understand that any false information submitted in support of my application may result in the rejection of my application.

I understand that I am required to provide official transcripts in the **UNOPENED SEALED ENVELOPE** to the attention of the registrar at the campus of choice.

**APPLICATIONS WILL NOT BE PROCESSED UNTIL TRANSCRIPTS ARE RECEIVED.**

I Accept

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR MORE INFORMATION CONTACT:**

- Nipissing Campus **NORTH BAY** – [jan.mcleod@anishinabek.ca](mailto:jan.mcleod@anishinabek.ca) TOLL FREE 1-800-334-3330
- Munsee-Delaware Campus **LONDON** – [sue.ireland@anishinabek.ca](mailto:sue.ireland@anishinabek.ca) TOLL FREE 1-800-441-5904