



Ph: 780.645.4455 Fx: 780.645-5215 www.bluequills.ca  
Treaty Six Territory Box 279 St Paul Alberta Canada T0A 3A0

## ***University nuhelot'jine thaiyots'j nistameyimâkanak Blue Quills***

### **INDIGENOUS BACHELOR OF SOCIAL WORK (IBSW) DEGREE APPLICATION PACKAGE**

#### **1. Profile Information:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Treaty Number (if applicable): \_\_\_\_\_  
Name of Band (if applicable): \_\_\_\_\_  
SIN # (Required): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### **2. Contact Information:**

Street/Box Number: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name of Alternate Contact Person \_\_\_\_\_  
Phone Number for Alternate Contact (\_\_\_\_\_) \_\_\_\_\_

#### **3. Academic History:**

##### **A. Secondary Programs:**

Last High School Attended \_\_\_\_\_  
From: (year) \_\_\_\_\_ To: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

**B. Post-Secondary Academic History:**

1. Name of College or University Attended: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Degrees/Diplomas/Certificates Granted \_\_\_\_\_

2. Name of College or University Attended \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Degrees/Diplomas/Certificates Granted \_\_\_\_\_

3. Name of College or University Attended \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Degrees/Diplomas/Certificates Granted \_\_\_\_\_

I have:

- Ordered my official high school transcripts from Alberta Education \_\_\_\_\_
- Ordered my official post-secondary education transcripts from all post-secondary institutions that I have attended in the past \_\_\_\_\_
- Attached a copy of my current resume \_\_\_\_\_
- Attached a copy of my Personal Statement \_\_\_\_\_
- Scheduled an interview date with Program Coordinator \_\_\_\_\_

Signature: \_\_\_\_\_

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

*Once your transcript[s] and other materials are received by the Registrar you will be invited to meet with the Social Work Program Coordinator for an interview and discuss next steps.*

If you have further questions, please contact:

Corinne Jackson, Assistant Registrar  
[corinnej@bluequills.ca](mailto:corinnej@bluequills.ca)  
780-645-4455, ext 121

Shirley Hunter, Team Lead  
[shirleyh@bluequills.ca](mailto:shirleyh@bluequills.ca)  
780-645-4455, ext 107

## **Indigenous Bachelor of Social Work (IBSW) Degree**

### **PERSONAL STATEMENT GUIDELINES**

By completing your Personal Statement you will be provided with an opportunity to explore and describe how your prior life experiences have encouraged you to consider embarking upon an educational journey which is founded upon Indigenous knowledge systems.

Please respond to each of the following questions in paragraph format (double spaced word-processed responses are preferred):

1. Please describe the factors in your life which have inspired you to pursue a career in social work.
2. Please describe the motivation for your desire to complete a social work education program that possesses an Indigenous philosophical foundation.
3. Please identify and describe those skills and experiences that you believe indicate your personal suitability to the field of social work.
4. Leading a healthy lifestyle is an essential requirement for maximizing the benefits of all learning activities. Please describe your plans for attending to the following elements of your life in a healthy manner throughout the duration of your social work education journey.
  - Family and Community Responsibilities
  - Emotional and Physical Health
  - Academic Responsibilities
  - Financial Considerations Related to the Student Lifestyle
  - Potential Life Challenges
5. In one to two paragraphs please describe your knowledge of Indigenous cultures and those social issues that currently face Indigenous peoples in Canada.
6. Given the 94 recommendations put forward by the Truth & Reconciliation Commission, where do you see your involvement in addressing any of them. Describe how you believe you can make a difference in restoring health to Indigenous individuals, families, and communities.

## **Application Package – Confirmation of Reference Requests**

I have provided the following three individuals with a copy of the UnBQ Reference Form and they have agreed to send the completed form to the attention of the Registrar at University n Blue Quills by mail or fax.

Reference #1: \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

Reference # 2: \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

Reference #3: \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

Mail: Registrar  
University nuxelhot'ine thaa?ehots'j nistameyimâkanak Blue Quills  
Box 279, St. Paul, AB T0A 3A0  
Phone: 780-645-4455 or 1-888-645-4455  
Fax: 780-645-4730

## IBSW Application Package – Reference Form

Name of Applicant \_\_\_\_\_

Name of Reference \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

On a separate page, please respond to the following:

1. Please describe those skills that you believe the applicant possesses that will assist them in successfully completing a social work education program. (For example, you may describe the applicant's skill level in such areas as interpersonal communication, writing, and time management)
2. Please describe in what ways you believe that the applicant is suited to the profession of social work.
3. Please comment, as applicable, upon the applicant's past or potential contributions to social work practice with Indigenous peoples.

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

Signature of person completing this form: \_\_\_\_\_

*Please forward this reference to:*

Registrar's Office

University nuxelhot'ine thaa?ehots'j nistameyimâkanak Blue Quills

Box 279

St. Paul, Alberta T0A 3A0

Fax: 780-645-4730

Telephone: 780-645-4455 or 1-888-645-4455

## **Declaration of the Council of Elders for the FNAHEC\* Indigenous Social Work Program**

### ***Our Vision: Communities Living in a Sacred Manner***

We, as the Indigenous peoples of this land, have a fundamental responsibility to maintain balanced and harmonious relationships with all forms of life;

We hold in reverence all that Mother Earth has given us;

We recognize that our sacred knowledge is carried in our languages, our ceremonies and the gifts of Creation;

We possess a fundamental right to meet our sacred responsibility of raising our children in a manner so that they will fulfill *their* sacred responsibility of conducting their lives in a harmonious manner;

We recognize that we have a responsibility to protect tribal protocols that are used in the transfer of sacred knowledge;

We recognize that our sacred ways ensure our survival; and

We recognize that the survival of the collective is critical to ensuring that individuals are able to fulfill their sacred responsibilities and thus achieve a state of personal well-being.

Therefore, we agree and commit ourselves as Elders and members of our Nations to respectfully work together to fulfill our fundamental responsibility to:

#### **Ensure that our sacred ways are sustained through:**

- Speaking our languages;
- Conducting our ceremonies; and
- Living in good relationship with our families, clans, tribes, and all of Creation.

The Council of Elders is a body that possesses the authority to protect the sacred ways of our people. This authority has been transferred through the generations and honors sacred ways of knowing. The mandate of the Council of Elders is to ensure that the FNAHEC Indigenous Social Work Program graduates people who will practice social work in a manner true to our sacredness.

\*the Indigenous Social Work Program has been collaboratively developed by members of the First Nations Adult and Higher Education Consortium.



# APPLICATION FOR ADMISSION

**SPECIFY PROGRAM YOU ARE APPLYING FOR:** \_\_\_\_\_

Program Start Date: Fall ☐ Year: \_\_\_\_\_ Winter ☐ Year: \_\_\_\_\_ Spring ☐ Year: \_\_\_\_\_ Full-time ☐ Part-time ☐

**Have you previously applied to or, attended University nuhelot'ine thaiyots'ı nistameyimâkanak Blue Quills?**

☐ No ☐ Yes Program: \_\_\_\_\_ Year: \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ Previous Surname (if Applicable): \_\_\_\_\_  
First Middle Last

Gender: Male ☐ Female ☐ Other ☐ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIN # \_\_\_\_-\_\_\_\_-\_\_\_\_  
month day year (Required)

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_-\_\_\_\_

Telephone \_\_\_\_\_ (Cell) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Contact Person in case of Emergency: \_\_\_\_\_ Contact's Phone #: \_\_\_\_\_

Status: ☐ Treaty ☐ Non-Status ☐ Metis ☐ Other Band Name \_\_\_\_\_ Treaty/Metis # \_\_\_\_\_

## FORMAL EDUCATION HISTORY

Name of High School (list most recent first)	Province/State/Country	Grade Completed	From mm/yyyy	To mm/yyyy

Name of Post-Secondary Institution	Province/State/ Country	From mm/yyyy	To mm/yyyy	Diploma/Degree/Credential Earned	Date Conferred

### FINANCIAL ASSISTANCE

MY TUITION WILL BE PAID BY: ☐ SELF ☐ SPONSOR

Sponsor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code \_\_\_\_-\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ext: \_\_\_\_\_

### (For Office Use Only)

BQ ID #:

Receipt #:

Cheque #:

### NOTE:

Certified Cheque or Money Order should be made payable to "University nuhelot'ine thaiyots'ı nistameyimâkanak Blue Quills". Fees must be paid at the time of registration. Sponsored students must provide proof of sponsorship when registering.

### FEE ASSESSMENT (Non-refundable)

Application Fee \$100.00 Date Paid \_\_\_\_\_

Cash ☐ Certified Cheque ☐ E-transfer ☐  
Money Order ☐ Credit Card ☐

## DECLARATION

The information I have provided is true and complete in all aspects. I understand that the personal information collected on this form will be maintained as part of a student record and will be used for the purpose of admission, registration, and for operating the programs and activities of the University. I further understand that the University will ensure the protection of personal information against such risks as unauthorized access, collection, use, disclosure or destruction.

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