

Addictions Counsellor Program

APPLICATION

Tansi,

Thank you for your interest in the Addictions Counsellor Program at University nuhelot'jne thaiyots'j nistameyimâkanak Blue Quills. This certificate program provides you with the knowledge and skills necessary to enter the workforce. Students are prepared to find employment with First Nation communities, addiction treatment centers, detoxification centers, schools, day treatment programs and within First Nations healing lodges delivering community-based programming. The curriculum encompasses both Indigenous wisdom and western theory.

THE APPLICATION PROCESS

The application process is detailed and will require the commitment of a significant amount of your personal time and effort. The completion of each of the components of this admission package is integral to ensuring that your application will be processed in an effective manner.

Applicants are encouraged to submit the following documents **by the funding deadlines set by their sponsor**, although later submission can still be considered for admission.

- ✓ Blue Quills Application Form (attached)
- ✓ Official High School Transcripts;
- ✓ Official Post-Secondary Transcripts, if applicable;
- ✓ Accuplacer Testing (if necessary contact the Librarian to schedule an appointment)
- ✓ Personal Written Statement (Your interest in the program)
- ✓ Current Resume
- ✓ Two letters of Recommendation



PROGRAM APPLICATION CHECKLIST

I have:

- Ordered my official high school transcripts from Alberta Education _____
(Order forms may be obtained from the Registrar's office or on-line at:
<https://education.alberta.ca/transcripts/how-to-order/>
There is a \$10 fee to process transcripts.
Applicants are responsible for requesting transcripts and fee payment)
- Ordered my official post-secondary education transcripts from all _____
post-secondary institutions that I have attended
- Completed Accuplacer Testing _____
(Appointment for Testing if necessary - contact the Librarian)
- Attached a completed copy of my Personal Written Statement. _____
- Current Resume _____
- Two letters of Recommendation/references, _____

And,
- Personal interview completed with Team Lead. _____
(Date and name of faculty _____)

If you have any questions about the application procedure, please contact the Registrar at (780) 645-4455 or 1-888-645-4455 or mail to:

Registrar's Office
University nuhelot'ine thaiyots'j nistameyimâkanak Blue Quills
Box 279, St. Paul, AB. T0A 3A0

APPLICATION PACKAGE

Personal Written Statement

Please answer the following questions in paragraph format:
(double spaced word-processed responses are preferred)

1. Please describe your interest for pursuing a career in the Addictions Counsellor program.
2. Please describe your reasons for wishing to complete your Addictions Counsellor certificate within a program that possesses an Indigenous cultural foundation.
3. Please identify and describe those skills and experiences that you believe indicate your personal suitability to the field of an Addictions Counsellor Program.
4. Leading a healthy lifestyle is an essential requirement. Please describe your plans for ensuring that the following elements of your life will be addressed in a healthy manner throughout the duration of your studies.
 - Potential life challenges
 - Family and community commitments
 - Spiritual needs
 - Academic responsibilities
 - Financial considerations



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

Certificate in Addictions Counsellor Program

Application Package – Confirmation of Reference Requests

I have provided the following three individuals with a copy of the Reference Form and they have agreed to send the completed form to the attention of the Registrar at University nuhelot'jine thaiyots'j nistameyimâkanak Blue Quills by mail or fax.

Reference #1: _____

Organization _____

Position _____

Telephone _____

Reference # 2: _____

Organization _____

Position _____

Telephone _____

Mail: Registrar
University nuhelot'jine thaiyots'j nistameyimâkanak Blue Quills
Box 279, St. Paul, AB T0A 3A0

phone: 645-4455 or 1-888-645-4455
fax: 780-645-4730



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'j 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'j 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: _____

Typing your name works as your signature.