



The Native Counsellor Training Program Application

Goals:

- To be knowledgeable about the profession of counselling and competent in implementing culturally appropriate counselling techniques
- To provide opportunities for specialization in the techniques and process of education counselling
- To be knowledgeable about theories of counselling, career development, various cultural teachings, academic and person support.

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(All answers are required)

Last Name: _____

First Name: _____

I am an ONECA member: Yes _____ No _____

eMail Address:

Phone: Work _____

Cell _____

First Nation/Community:

Address – Please provide your work and/or home address for delivery of course materials: (please print)

I am currently employed:

Yes _____ No _____

Current Role or N/A

Current Employer or N/A

I have completed:

- Part 1
- Part 2
- Part 3
- This is my first course

Admission Requirements: Please check the applicable statement

- Ontario Secondary School Diploma
- Successful Completion of Grade 11
- Successful Completion of GED and at least 5 years
- Mature student with a recommendation from either a First Nation Administrator of an official of the Indigenous Organization (letter included)

Other Academic Qualifications – Diploma/Degree Obtained

(Graduation Date, Subject)

Special Needs – Assistance Required: Yes _____ No _____

If Yes please explain:

All applicants must provide the following:

- A copy of transcripts
- Three letters of reference
- Personal Biography
- Criminal Records Check (CPIC)
- Vulnerable Sector Check
- Abstinence Agreement – attached to this application
- Confidentiality Agreement – attached to this application
- Consent to Share Personal Information – attached to this application

Applicant Statement

- I am applying to the Council for admission as a Student of the Native Counsellor Training Program (NCTP) with this application and confirm that the information I provide is true and complete.
- I understand that the completion of this application does not constitute approval into the program.
- If my application is approved, I understand and agree: to conform to the policies of the NCTP program and any traditional protocols as now exists, or as may in future be altered, amended or enlarged, and I will, to the best of my ability, promote the objects of the NCTP program.

I agree

Signature: _____

Date: _____

Mail this application and supporting documents to:

NCTP Coordinator

Ontario Native Education Counselling Association

P.O. Box 220 , 37 A Reserve Road

Naughton , Ontario, P0M 2M0

Phone: (705) 351-1184

nctpregistration@oneca.com

Consent to Share Personal Information

Personal information on this form is collected under the Freedom of Information and Protection of Privacy Act as it relates directly to and is necessary for determining your eligibility for the NCTP program through ONECA. If you have any questions about this collection of personal information you may contact the Coordinator of the NCTP program.

I _____ understand that to administer, monitor and evaluate my NCTP training, ONECA may need to collect or provide personal information about me to:

- My current and former employers
- Training providers or past workplaces that have provided technical training or work experience to me.
- Government officials responsible for certification programs and funding streams in Ontario and/or Canada.
- Other provincial government education branches, schools, school divisions to verify education credentials.
- Ministry of Education, other government funding bodies and or First Nation governments to assist in obtaining financial support and/or verifying progress, enrichment, or any ancillary items related directly to me.
- Emergency contacts or alternate contacts. NCTP Candidate Signature
- I understand the “Consent to Share Personal Information” and I hereby make application for The NCTP program, and I declare that:
- The information I have provided is true and complete in all respects and that I have not withheld any relevant information.
- I will notify ONECA of any subsequent changes in the information contained on this application.
- I will notify ONECA of any change of employer during my training.

Signature of Applicant and Date:

Signature:

Date:

Abstinence Agreement
NCTP ALCOHOL & DRUG USE POLICY

The NCTP creates a healthy community life for all students, staff and our families. One of the integral aspects of that community life is the agreement by all community members to abstain from drugs and alcohol (other than those prescribed by a physician) during the 5- week period of the program. This commitment enhances our atmosphere of respect and healing while at the same time guides us on a healing path and acknowledges our position as role models and helpers. In recognition of the above and in keeping with past recommendations of students and staff, we ask that all Program Team Members and Students and guests sign this Abstinence Agreement to solidify our commitment and direction throughout the program. Please read and sign below: I acknowledge my obligation to remain drug and alcohol free throughout the entire duration of the program. Further, to support the NCTP community I also acknowledge and agree to bring to the attention of the Program Coordinator any infractions in order to protect the positive and responsible environment we are attempting to create.

Name of student/Program Team Member (please print)

Date:

Student/Program Team Member/Guest Signature

Confidentiality Declaration

I, _____, hereby declare I will hold in confidence any information that comes to my attention related to any Student or Program Team Member of the Native Counsellor’s Training Program during my participation in the program. I agree not to disclose any information regarding meetings, counselling sessions or the affairs of the Ontario Native Education Counselling Association.

Name: _____ (Please Print)

Please check:

Student : _____ NCTP Program Team Member: _____

Signature: _____

Date: _____

Witness Name: _____

Witness Signature:

Date: _____