

Indigenous Advisory Circle

Expression of Interest

PERSONAL INFORMATION:	
First Name:	Last Name:
Primary Telephone:	
Primary E-mail:	
EMPLOYMENT/PRACTICE INI	ORMATION:
Present or most recent Employe	er:
VOLUNTARY SELF-DECLARATION	V:
 with the By-Laws, the Manitoba Co strive to foster practices the strive to ensure representa consulting with or adding in 	rsity are an important value of professional Social Work practice. In accordance lege of Social Workers shall: at reflect diversity in enhancing and improving the social work profession tion from Indigenous Peoples on its Board and Committees, which may include individuals when needed on an ad hoc basis, particularly when dealing with a affects the interests of Indigenous Peoples
Please select all that apply:	
☐ First Nations ☐ Métis ☐ Person with a Disability ☐ Person with a diverse backgr	☐ Inuit ☐ Newcomer ☐ Member of 2SLGBTQ+ Community ound, please specify:
OTHER:	
Please indicate reasons for your	interest in the Indigenous Advisory Circle:
Signature	

Please return your completed form to:

Manitoba College of Social Workers, 101 – 2033 Portage Avenue, Winnipeg, MB R3J 0K6 Phone: (204) 888-9477 Fax: (204) 831-6359 Email: info@mcsw.ca Website: www.mcsw.ca