Indigenous Advisory Circle
Application Form

Manitoba
College of
Social
Workers

APPLICANT INFORMATION:

First Name:_____Last Name: _____

Pronouns (optional): _____

Community/Nation Affiliation: _____

Urban/Rural/Reserve Location: _____

Primary Telephone: _____

Primary E-mail: _____

EMPLOYMENT/PRACTICE INFORMATION:

Present or most recent Employer:_____

Position Title: _____

REPRESENTATION

Please select all that apply:

☐ First Nations   ☐ Member of 2SLGBTQIA+ Community
☐ Métis   ☐ Person with a Disability
☐ Inuit   ☐ Urban Indigenous
☐ Youth (under 30)   ☐ Rural/Northern Community
☐ Elder or Knowledge Keeper   ☐ Lived Experience Relevant to SW
☐ Person with a diverse background, please specify: _____

ABOUT YOU

1. Briefly describe your connection to your Indigenous identity and community.

2. Please indicate reasons for your interest in the Indigenous Advisory Circle.

3. What knowledge, experience or perspective would you bring to the Circle?

4. Have you served on an advisory circle in the past? If yes, please describe.

AVAILABILITY

1. Are you able to attend quarterly meetings (in-person or virtual)?

2. Are you available to attend at least one in-person meeting per year?

3. Do you require any support to participate fully (i.e. transportation, interpreter). If yes, please describe.

DECLARATION

☐ I confirm that the information I have provided is true to the best of my knowledge
☐ I understand that verification of Indigenous identity may be requested as part of the application or appointment process.
☐ I understand that participation in the Circle is voluntary and supported by an honorarium
☐ I agree to uphold the values of respect, confidentiality and community responsibility in all Circle activities.

_____ _____
Signature   *Date*

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