



ZKA'AN Ni-BMiWDOOWiN GChi-KiNooMAADWiNAN
BUILDING THE FIRE, WALKING WITH MEDICINE

**MID-SUMMER HEALTH SCIENCES MENTORSHIP
PROGRAM FOR INDIGENOUS YOUTH GRADES 9&10**

JULY 18 – 29 2022 (WEEKDAYS)



Application Deadline: May 6, 2022

APPLICANT INFORMATION

Last name: * _____

First name: * _____

Preferred name: * _____

Select the gender identity(ies) that best fit you: *

The options identified below are based on the terminology used by the Ontario Human Rights Commission in the Policy on Discrimination and Harassment Because of Sexual Orientation and the Policy of Preventing Discrimination Because of Gender Identity and Gender Expression. [2] Trans refers to a person who identifies with a gender other than the one assigned to them at birth, or to a person whose gender identity and gender expression defers from stereotypical masculine and feminine norms. It is also used as an umbrella term for those who identify as transgender, transsexual, trans, gender variant, gender non-conforming, genderqueer, or an analogous term.

- Female
- Male
- Trans [2]
- Two Spirit
- Non Binary
- Another gender identity

Self-Identification

Do you identify as Indigenous [3]?

- Yes No

[3] Indigenous peoples of Canada include First Nation (status or non-status), Inuit, and Métis peoples.

Thank you for your interest in the Indigenous Youth Summer Healthcare Program. Unfortunately, the program only accepts applications from students who self-identify as Indigenous (see definition below). Please email indigenoushealth@wchospital.ca if you have any questions or concerns.

If yes, please select:

First Nations Inuit Métis

Community/Territory (may include First Nation, Homeland, Settlement or [Indigenous Community Organization](#)):

Nation (if known or applicable):

Street address: * _____

Apartment/unit number: _____

City: * _____

Postal code: * _____

P.O. Box: _____

Province * _____

E-mail address: * _____

Phone: * _____

Alternate phone: * _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian first name: * _____

Parent/Guardian last name: * _____

E-mail address: * _____

Please ensure that you provide an active email address. Important information about the program will be shared with this contact.

Phone: * _____

Parent/Guardian first name: _____

Parent/Guardian last name: _____

E-mail address: _____

Phone: _____

Emergency contact name: * _____

Relationship to student: * _____

Phone: * _____

STATEMENT OF INTEREST

Please select all of the health science areas that interest you: *

- Dentistry
- Kinesiology and Physical Education
- Medicine
- Nursing
- Pharmacy

- Public health
- Social Work
- Indigenous healing and wellness

The Indigenous Youth Summer Healthcare Program was created to help address concerns about the under-representation of Indigenous peoples within the healthcare professions. Please tell us what makes you a good candidate for the Indigenous Youth Summer Healthcare Program? *

[max 500 words]

ADDITIONAL INFORMATION

Is there anything that would support you to complete the program?

How did you learn about the Indigenous Youth Summer Healthcare Program? *

Community organization

which one? _____

Teacher/Guidance counsellor

Other