



Self-Identification Form – Indigenous Internship Program

Completion is voluntary. Information is used only to confirm eligibility for this designated internship and for program reporting. All responses remain confidential and are handled in accordance with applicable privacy legislation.

Applicant Information

Full Name: _____

Preferred Name (optional): _____

Phone Number: _____

Email Address: _____

Section 1 – Indigenous Identity (Voluntary)

This position is intended for candidates who self-identify as Indigenous (First Nations, Métis, or Inuit). Please select one:

Yes, I self-identify as Indigenous

First Nations

Métis

Inuit

Prefer not to specify

No, I do not self-identify as Indigenous

Prefer not to answer

Section 2 – Community Affiliation (Optional)

Community/Band/Nation (optional): _____

Status Non-Status Prefer not to answer

Section 3 – Consent

I understand this form is voluntary and that my information will be used only for eligibility and reporting, and kept confidential under privacy laws.

I acknowledge and consent

Signature: _____ Date: _____