



## **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: \_\_\_\_\_