



DOUGLAS COLLEGE
FACULTY OF HEALTH SCIENCES
Continuing Education

Application Form



First Nations Health Authority
Health through wellness

INDIGENOUS END OF LIFE GUIDE: FIRST NATIONS HEALTH AUTHORITY

This course is designed for Indigenous individuals who have been or will be called upon to provide care, support and advocacy for someone who is facing the end of their life. Learners in this course develop an understanding of how the continuity of care and advocacy they provide complements the end of life care provided by the medical community, hospice palliative care workers, home visitors and community volunteers. This course will provide you with opportunities to discuss issues, ask questions, and join a community of practice that can support you as a caregiver when providing support to individuals and families experiencing end of life. This course is for non-regulated health care providers, paid workers whose role it is to visit clients/ families, or community volunteers.

Personal Information

Please print as your information will be used for registration and certificate upon completion of the course.

NOTE: The names indicated below must be your legal names for use on all official documentation.

LAST NAME		FIRST NAME	
MIDDLE NAME		FORMER NAME (IF APPLICABLE)	
Mailing Information: (for online courses, a package will be mailed to this address)			
HOUSE AND STREET OR P.O. BOX NUMBER		APT NUMBER	
CITY/TOWN	PROVINCE	COUNTRY	POSTAL CODE
EMAIL ADDRESS (REQUIRED):			
Phone:	AREA CODE	PHONE NUMBER	EXTENSION
Gender:	<input type="radio"/> Female	<input type="radio"/> Male	<input type="radio"/> Two Spirit
	<input type="radio"/> Trans Man	<input type="radio"/> Trans Woman	<input type="radio"/> Other
			<input type="radio"/> Transgender
			<input type="radio"/> Prefer not to answer
CONSENT (REQUIRED): I consent to sharing my contact information (name, phone, email, city, and nation) with my community Health Team (Health Directors, FNHA Regional Nursing team, and community nurses,) and with others in my class.			
Yes, I consent		No, I do not consent	
If you do not consent, please explain why:			

Please choose your online session

February 26 - 29, 2024, 9:00 am - 3:30 pm

March 25 - 28, 2024, 9:00 am - 3:30 pm

For IEOLG committee review, please answer the following:

1. Do you identify as Indigenous? Yes No

a. Which Nation are you a member? _____

b. In which Indigenous community will you practice as an End of Life Guide? _____

2. Which region do you live in:

Northern

Island

Interior

Fraser Salish

Coastal

3. Do you presently play a role in supporting community members who are ill?

Yes

No

a. Your Role Volunteer Other Please specify: _____

4. Who is your community Health Director? _____

a. Health Director or Manger approval is required in order to attend the IEOLG course. Does your Health Director support you attending the Indigenous End of Life Guide course? Yes No

5. This course deals with supporting others with their grief and loss. Are you prepared and ready to support others, as they deal with their grief and loss? Yes No

6. Are you committed to attending all 4 days? Yes No

(It is required to attend all 4 days in order to receive a Recognition of Course Completion)

7. I would like to take the Indigenous End of Life Guide training because (a few sentences):

Send your completed application form by EMAIL to CDSI@fnha.ca or fax to 604.666.0275. Please note incomplete forms will not be reviewed.

Regulated health professionals are eligible for other education funding, email CDSI@fnha.ca if you have questions about this.