

## Indigenous Services – Academic Transition Opportunities Program Application 2017-2018

*Note: This application is to be completed after the Ontario Universities Application Centre application.*

### For Internal Use Only:

OUAC Reference #: \_\_\_\_\_ | Date: \_\_\_\_\_

UWO Student #: \_\_\_\_\_ | Email: \_\_\_\_\_

Faculty: \_\_\_\_\_ | Program: \_\_\_\_\_

### Section 1 – Personal Information

Salutation:     Mr.         Mrs.         Ms.         Miss

First Name: \_\_\_\_\_ | Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*(Month/Day/Year)*

Ancestry:     First Nations (Status)         First Nations (Non-Status)         Métis         Inuit

*Note: If applicable, please submit supporting documentation (e.g. Status Card) to Indigenous Services.*

Community/ First Nation: \_\_\_\_\_

Will you be living on Western University Campus?         Yes         No

Residence Name (if applicable): \_\_\_\_\_

Local Address: \_\_\_\_\_ | Apt. # \_\_\_\_\_

City: \_\_\_\_\_ | Province/Territory: \_\_\_\_\_ | Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ | Additional Phone: \_\_\_\_\_

Home (Permanent) Address: \_\_\_\_\_

City: \_\_\_\_\_ | Province/Territory: \_\_\_\_\_ | Postal Code: \_\_\_\_\_

Marital Status:     Single         Married         Common Law

Do you have any dependents?         Yes         No         Prefer not to say

Dependent's Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section 1 – Personal Information**

Will you require information for the following? (Check all that apply):

Child Care       Housing       Other (please specify): \_\_\_\_\_

**Section 2 – Education History**

**Secondary School**

Name of Secondary School: \_\_\_\_\_ | City/Town: \_\_\_\_\_

Secondary School Diploma Awarded?       Yes       No      | Year Achieved: \_\_\_\_\_

**Post-Secondary School(s)**

Do you currently hold a Post-Secondary Degree or Diploma?       Yes       No

If yes, please list Post-Secondary School(s) attended, program of study, degree/diploma achieved, and date of completion.

Post-Secondary School	Program	Degree/Diploma	Date of Completion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: If you have ever withdrawn from Post-Secondary education, been placed on probation, or been suspended, please explain (including name(s) of institution(s) and dates):

\_\_\_\_\_  
\_\_\_\_\_

*(Please note: Failure to disclose your previous or current academic status may result in withdrawal of your application.)*

**Section 3 – Medical Information**

This section is used to determine any health-related support you may require during the time you are a student at Western University.

Do you have any health concerns/conditions that you wish to disclose?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any mobility concerns?

\_\_\_\_\_  
\_\_\_\_\_

**Family Doctor Information**

Do you have a family doctor?       Yes       No

*(If yes, please list the name and contact information for your family doctor below)*

Name of Family Doctor: \_\_\_\_\_ | Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ | City/Town: \_\_\_\_\_ | Province/Territory: \_\_\_\_\_

Do you require a referral to a family doctor in London, Ontario?  Yes  No

#### Section 4 – Financial Information

The information that you provide in this section is used to assess your financial situation in the event that you may require additional assistance during the academic year.

1. Have you applied for Financial Assistance/Sponsorship from your band?

Yes  No  Not Applicable

2. Are your books, tuition, supplies, and additional fees covered by a sponsoring agency?

Yes  No  Unsure

3. Have you applied for Financial Assistance from the Ontario Student Assistance Program?

Yes  No

4. Have you applied for or will you be receiving Financial Assistance from another source?

Yes  No  Unsure

If yes, please specify:

#### Section 5 – Privacy Statement

Personal information provided in this application will not be disclosed to any person(s) outside of the Student Development Centre, Indigenous Services, or your Faculty at Western University, without your written consent. The information that you provide in this application is confidential, with the following exceptions:

1. We are required by law to report to the appropriate authorities any suspicions that a child (i.e. a person who is under the age of 16) has been or is being abused.
2. If you are in serious and imminent danger of hurting yourself or another person, we may need to reveal enough information to an appropriate third party to help you.
3. If you are involved in a legal proceeding, the court may subpoena our records. This is a rare occurrence, but you should be aware of the possibility.

There may be other unique situations where there are exceptions to confidentiality. However, these confidentiality exceptions will be fully outlined and disclosed to you by your counsellor when relevant.

Information about your faculty, year of study, citizenship, area of concern, and any referral source will be kept in your file. This data will also be used as part of an aggregate database in order to provide information about the client population served by the Student Development Centre. There will be no identifying information in the aggregate reports that are generated.

I, \_\_\_\_\_ Have read and understood the above.

(Please Print Name)

I hereby certify, to the best of my knowledge, that the information in this application package is true and correct. I acknowledge that any false statement contained in this application may result in my disqualification from this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section 6 – Additional Information**

Please take the time to answer a few short questions to help us to get to know you better and to better assess your needs. If you require more space, please feel free to answer the questions on a separate sheet and attach it to the application.

1. What are your Post-Secondary education goals? (Short and long term)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you experienced any obstacles/barriers to accessing and/or completing Post-Secondary education?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are your strengths and weaknesses? (E.g. strength = well organized, weakness = writing, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is there any other information, questions, or concerns that you feel staff should know about to better meet your needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_