



First Nations Health Authority
Health through wellness

Indigenous Coach Training Program (ICTP) Application Form



APPLICANT INFORMATION

Full Name: _____ Date: _____
(name for certificate)

Preferred Name: _____

Pronouns: _____

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *Province* *Postal Code*

Phone: _____ Email: _____

Do you identify as Indigenous? YES NO

If yes, how do you identify? _____

Will your employer/ community fund you to take this training? YES NO

Name, sponsoring organization: _____

Name, email of contact person
at sponsoring organization: _____
Name *Email*

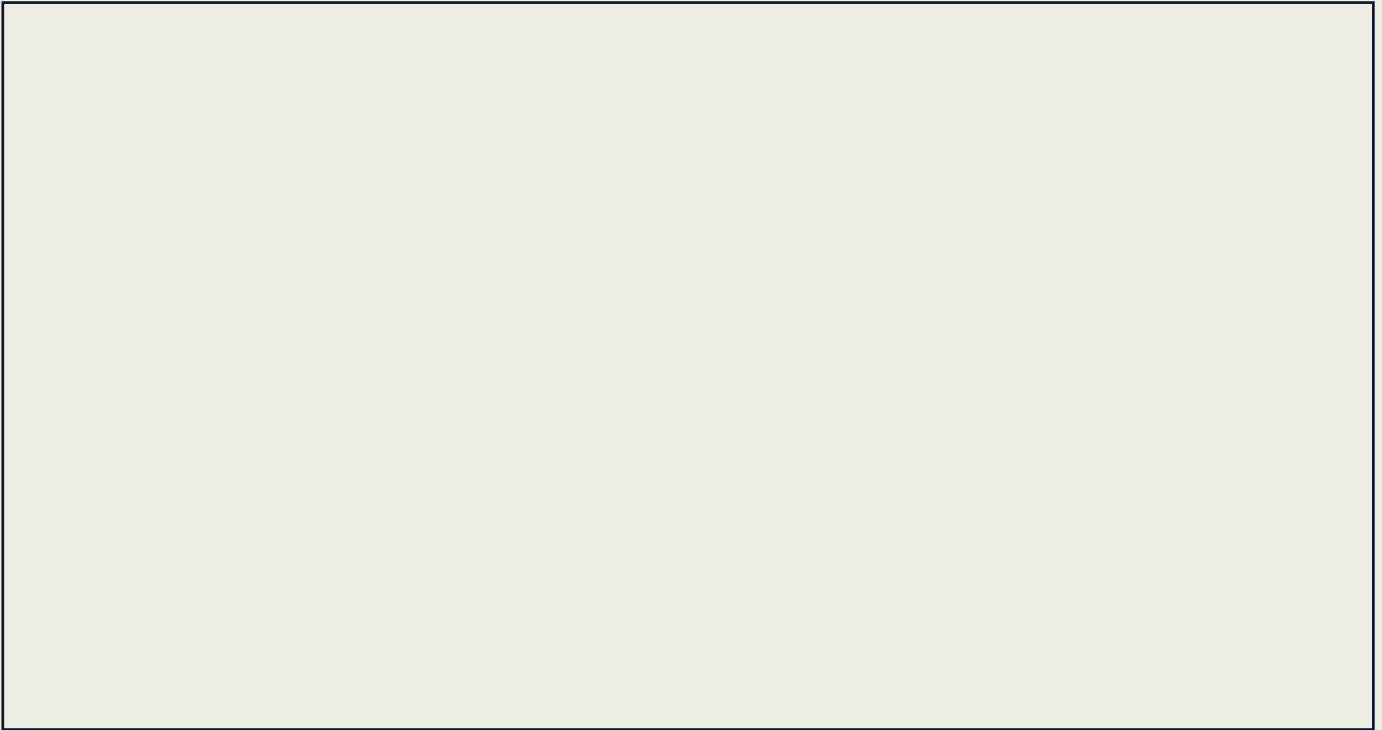
For the onsite portion of the training, you will be required to be up to date on your vaccinations – Please confirm that you are aware and up to date on this requirement YES NO

Do you have a laptop equipped with a camera and microphone for this program? YES NO

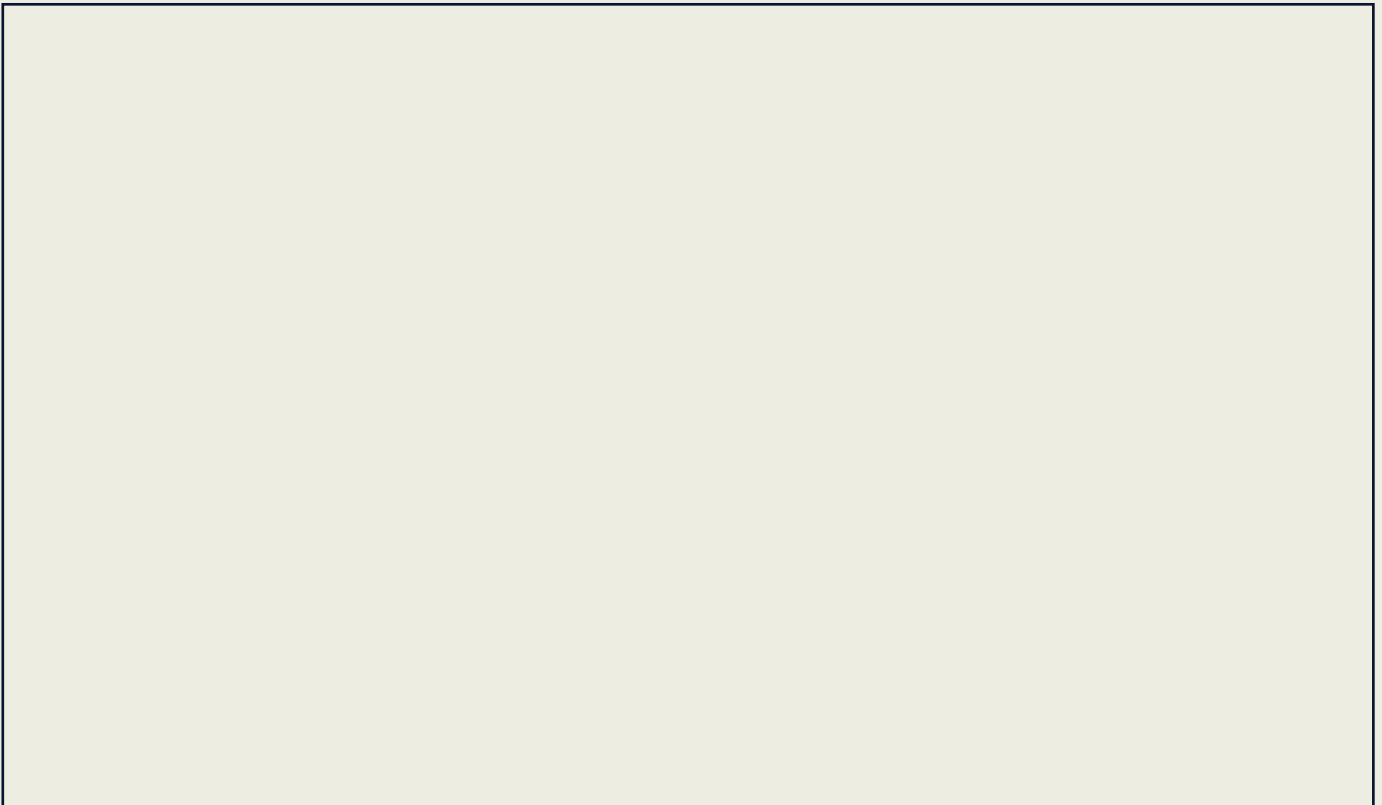
You will be on camera during the virtual sessions. Do you have access to the equipment necessary and an adequate internet connection to run video reliably? YES NO

Do you have a space that is quiet and private for the virtual session? YES NO

How did you hear about this program?



What interests you about this program?



What are your goals around completing this program?

What do you need the facilitators to know about you to work effectively with you?

- I commit to attend and participate in all sessions, on time, with no distractions.
- I acknowledge that I can miss a maximum of 4 live sessions. If I miss a session, I will:
 - 1) notify the facilitators as soon as possible.
 - 2) review the recording within one week.
 - 3) write one paragraph on what I learned from the recording and submit to the facilitators.
- I will invite 3-4 clients to work with me and complete a minimum of 10 hours of coaching practice.
- I commit to doing the work assigned between sessions.
- I commit to have a learning mindset.
- I commit to contributing to having some fun while in the learning space.
- I agree to have my phone number added to the class WhatsApp group for group communication purposes. I agree to share my email address with participants in the program for purposes of connecting and learning together. (no advertising and/or marketing)
- I agree to be recorded in the Zoom classroom for the purpose of review by fellow learners and for final performance assessment.