**Participant Intake & Application Form**

**This form helps us understand your background, interests, and how we can support your learning journey. All information is private and used only for program planning.**

📌**Section 1: Personal Information**

Legal Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you authorize to accept test messages on cell phone? \_\_\_ Yes / \_\_\_ No

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🌱 **Section 2: Cultural & Community Connection**

**Do you identify as Indigenous?**

\_\_\_ Yes

\_\_\_ No

*If yes, please share your Nation/Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Indicate the Indigenous group you identify with:**

\_\_\_ First Nations

\_\_\_ Inuit

\_\_\_ Métis

**Are you connected to your home community or Nation?**

\_\_\_ Yes

\_\_\_ Somewhat

\_\_\_ Not currently

**Do you speak or are you learning an Indigenous language?**

\_\_\_ Yes – fluent or conversational

\_\_\_ Learning

\_\_\_ Not yet

Indicate if you speak other language(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you participated in any cultural, language, or land-based activities?**

\_\_\_ Yes

\_\_\_ A little

\_\_\_ No

*Please describe (optional):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🌄 **Section 3: Learning & Guiding Interest**

**What areas are you most interested in? *(Check all that apply)***

\_\_\_ Sharing stories and oral history

\_\_\_ Land-based teaching / environmental knowledge

\_\_\_ Cultural tourism or guiding visitors

\_\_\_ Language-based guiding

\_\_\_ Youth or Elder engagement

\_\_\_ Personal growth / confidence

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have previous experience as a guide:**

\_\_\_ Yes

\_\_\_ No

If yes, please provide further information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any experience leading others or teaching?**

\_\_\_ Yes

\_\_\_ A little

\_\_\_ No

If yes, please share an example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have public speaking experience?**

\_\_\_ Yes

\_\_\_ No

**What are your goals after completing this course? *(Check any that apply)***

\_\_\_ Guide in my own community

\_\_\_ Work in tourism

\_\_\_ Support language or culture programs

\_\_\_ Continue training/education

\_\_\_ I’m not sure yet

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🏫 **Section 4:** **Education & Training**

Highest grade level completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GED: \_\_\_ Yes or \_\_\_\_No

Post Secondary Education: \_\_\_Certificate / \_\_\_Diploma / \_\_\_Degree

Post Secondary Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School name & location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any of the following certifications (check any that apply):**

\_\_\_ Standard First Aid

\_\_\_ WHIMIS

\_\_\_ Food Safe Handling

💼 **Section 5:** **Employment**

Are you currently employed? \_\_\_ Yes / \_\_\_ No

If yes, are you: \_\_\_ Full-time / \_\_\_ Part-time

Are you a student: \_\_\_\_ Yes / \_\_\_ No

If yes, are you: \_\_\_ Full-time / \_\_\_ Part-time

Will there be any issues with completing the training course or hours for the practicum?

\_\_\_ No

\_\_\_ Yes

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

💬 **Section 6: Learning Style & Support**

**What helps you learn best? *(Check all that apply)***

\_\_\_ Hands-on activities

\_\_\_ Visuals and demonstrations

\_\_\_ Listening and storytelling

\_\_\_ Group discussions

\_\_\_ One-on-one support

\_\_\_ Quiet space or self-paced learning

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any accessibility, mobility, or learning needs you'd like us to know about?**

\_\_\_ No

\_\_\_ Yes → Please describe (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to transportation via car or bus to attend the training?

\_\_\_ Yes

\_\_\_ No

🧠 **Section 7: Health & Wellbeing**

**Do you have any health conditions, allergies, or medications we should be aware of?**

\_\_\_ No

\_\_\_ Yes → Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any concerns about participating in land-based activities (e.g., walking outdoors, weather)?**

\_\_\_ No

\_\_\_ Yes → Please share: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

📸 **Section 8: Permissions & Consent**

Do you give consent to be photographed or recorded for program use (e.g., group photos, documentation)?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Please ask me first

**Do you give consent to participate in outdoor/land-based activities as part of this course?**

\_\_\_ Yes

\_\_\_ No

**Please Review & Confirm:**

\_\_\_\_ I confirm that I will be available for in person training October 15-21, 2025. I have no other commitments during this time.

\_\_\_\_ I confirm that I will be available to attend and complete 40 hours of practicum service during the period of November 1/25 – February 27/26.

✍️ **Section 9: Declaration & Confidentiality**

I confirm that the information I’ve shared is accurate, and I’m genuinely interested in taking part in the Indigenous Guide Training Course. I understand this course values respect, culture, and community learning. I, the undersigned, have read and understand this form. I acknowledge that the information provided by me is accurate and truthful. I authorize Indigenous Tourism Manitoba to collect, verify the information provided within the form.

Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENTS REQUIRED:**

1. Enclose with your application a letter of interest to become a guide and enrol into the guide training program (maximum one page).
2. Enclose your most recent resume.

Please send your completed application form and attachments electronically to Doreen Booth at **doreen@indigenoustourismmanitoba.ca** no later than **11:59pm CST on September 12, 2025**.