

Faculty of Graduate Studies & Research
Regina, Saskatchewan S4S 0A2
Fax (306) 337-2444 • Phone (306) 585-4161 Grad.studies@uregina.ca • www.uregina.ca/gradstudies/

## MASTER OF INDIGENOUS SOCIAL WORK SUPPLEMENTARY ADMISSIONS INFORMATION

STUDENT INFORMATION									
Last or Family Name	First Name		Middle Initial		UofR Student Number (if known)				
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Current Mailing Address:					<u> </u>	□ Mr	Ms M	iss Mrs	Other
City or Town Province					Postal Code				
Home Phone		Cell Phone		Business Phone					
Email			Date of Birth (DD/MM/YYYY)						
Treaty Number	M	Metis Local		Nation					
Band Name	La	Languages (Please specify spoken or written)							
HUMAN SERVICES TRAINING									
Please list any human services training	ng, special tr	raining, conferences/	workshop	s in which you	ı have partic	ipated:	Dates		
Agency/Organization	Agency/Organization Training				Fr	То	То		
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If you require additional space, pleas			services t	raining section	n with the re	quired	informati	ion. Please	2
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_		document	<u> </u>	I nave n	ot attached	a suppre	ememary	documen	l .
THERAPEUTIC/COUNSELLING EXI									
Please give a record of your experier	ice in counse		, highlight	ting work in th	ne indigenou	s comn			
Agency		Intervention (Micro, Mezzo)		<b>Number of Clients</b>		From		Dates	Го



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If you require additional space, please attach a supplementary therapeutic/counselling experience section. Please indicate below you have								
attached an additional document:  I have attached a supplementary document  I have not attached a supplementary document								
I <b>nave</b> attached	i a supplementary document		1 nave not at	tached a supple	memary document			
PROFESSIONAL AND VOLUN	TEER EXPERIENCE							
Dlagge give a shuon alegical un	and of vous professional and valuntee		the burner cor	rrigas Dlagga n	ata vya nasanya tha mi aht ta			
	cord of your professional and voluntee	r experience in	the numan sei	vices. Please no	ote we reserve the right to			
Name and Address of	contact previous employers for references.  Name and Address of  Status  Dates of Employment  Supervisor or							
Agency, Firm, or	Position	Status	Dates of E.	mpioyment	Supervisor or			
Employer		FT/PT	From	To	Employer			
	, please attach a supplementary profess	sional and volu	inteer history v	with the require	d information. Please			
indicate below you have attached an additional document:								
I have attached	d a supplementary document		I have not at	tached a supple	mentary document			
WRITTEN RESPONSE								
This section is intended to give you an opportunity to express yourself as it pertains to graduate studies in indigenous social work. Please								

This section is intended to give you an opportunity to express yourself as it pertains to graduate studies in indigenous social work. Please follow the instructions listed below:

- Answer all of the questions
- Use separate sheets of paper for each question
- Date and sign each written section
- Ensure that responses are typed and double spaced (500 words = Two typed pages)

### 1. Cultural Knowledge and Experience

In 500 words, please discuss your experience with and knowledge of indigenous culture and practices. Include your thoughts on the relevance and significance of indigenous culture, spirituality, and practices to your own life, and to the field of social work.

### 2. Personal Suitability for the MISW Program

In 500 words, please explain your suitability for this particular clinical program. Describe your most significant achievement and why you view it as such. Explain what characteristics, skills and/or abilities you have that will make you an asset to the MISW program.



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3. Personal Statement					
In 500 words, prepare a statement that discusses:					
1. Your willingness to participate in traditional aboriginal culture, spirituality, and practices					
2. Your familiarity with the residential school era					
3. Your financial plan for the duration of your studies					
4. What career path you will undertake as a result of acquiring a Master of Indigenous Social Work degree					
Please attach your completed written section. Please indicate below you have attached an additional document:					
I have attached a completed written section I have not attached a completed written section					
SIGNATURE					
Applicant's Signature	Date				