**HST309H1F Application – Fall 2017**

**Completed applications must be returned by 30 July 2017, to: healthstudies.director@utoronto.c**a

*Indigenous Health and Healing in the Six Nations: Experiential Learning and Dialogue*

**Instructor: TBD**

Application Deadline: **Completed applications must be returned by 30 July 2017, to:** [**healthstudies.director@utoronto.ca**](mailto:healthstudies.director@utoronto.ca)**.**

Cost:$450 to cover cost of field trip. This amount will cover costs of accommodation, transportation, meals, and activities (see information sheet). Some students will be eligible for bursaries. This amount is additional to course tuition.

Note: This course cannot be CR/NCR.

## Contact Information, including SUMMER contact information (please print or type):

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

Preferred Pronouns (e.g., she, they, he, ze): \_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Email Address (U of T): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summer Email Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Program information

At what campus are you registered? St. George UTM UTSC

Which program(s) are you currently enrolled in? List all Specialist, Major and Minor programs:

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Number of credits you will have completed by August 30, 2017: \_\_\_\_\_\_\_\_\_\_\_

Year you plan to graduate: \_\_\_\_\_\_\_\_\_\_\_

## Personal Information

In order to bring a range of perspectives to our dialogue, we seek to ensure (a) that there is an equal number of Indigenous and non-Indigenous students in the group, and (b) that there are student participants from a range of equity-seeking groups (i.e., groups that have experienced marginalization, such as persons of colour or LGBTQ). To help us to realize these goals, please tell us:

Do you identify as an Indigenous person of Turtle Island? Yes No

Please specify Nation/Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of an equity-seeking community? Yes No

Please specify equity seeking community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any previous experience learning about Indigenous Health and Wellness (in the classroom or through your own experience)? Yes No

If yes, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would the proposed fee for the course of $450 (in addition to tuition)  
be a barrier to your participation? Yes No

Why do you want to take this course?

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Do you require any accommodations for accessibility and mobility needs? If yes, please mention them here.

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Do you have any dietary restrictions? If yes, please mention them here.

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Do you have any allergies or health-related conditions that we should be aware of? If yes, please mention them here.

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Please list any additional information you would like to share and any special considerations that organizers may require (E.g. a need for childcare, preferring to stay with friends or relatives at Six Nations).

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**Signature of student:**  
Date: