



**Tłıchǫ Government**  
**Department of Healing & Community Wellness**

**APPLICATION FORM**  
**HARM REDUCTION WORKSHOP 2025**

(\*The workshop is for ages 18+ years and older)

<b>Name of Applicant:</b>	First Name	Last Name	<b>Phone:</b>			
<b>Mailing Address:</b>	PO Box	Community	Prov/Terr	Postal Code	<b>Date of Birth:</b>	(dd/mm/yy)

<b>Which community are you from?</b>	Behchokò (Yellowknife) _____ Whati _____ Gamèti _____ Wekweèti _____
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<b>Do you need billeting while in Behchokò*</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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\*The billeting/travel is only for eligible for Whati, Gamèti and Wekweèti applicants and Tłıchǫ members only.

<b>If Yes, who will you be staying with?</b>		
First Name	Last Name	Address
Phone	Days at Billet	

<b>Are you registering as a GNWT, TCSA, TG, or a non-profit employee?</b>	
Position/Title	How would this training benefit you?

\*It's the responsibility of employees to seek approval from their employers before registering.

## **ZERO Tolerance Policy**

**Notice:** There will be no alcohol or drugs allowed during workshop activities. Use of drugs and alcohol in this program, is both unsafe and disrespectful. Anyone caught bringing or using drugs or alcohol during the event, will be removed from the workshop as soon as possible and possibly banned from future Tłicho Government workshops.

**Initial** \_\_\_\_\_

**Next steps after submission:** A Healing and Community Wellness representative will contact approved participants and send workshop details such as itineraries and supplies list along with a possible request for more information. There is no honorarium to this program. Free event.

**Harm Reduction Workshop begins: Monday, March 31 at 9:00 am**

### **SUBMITTED BY:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### **APPLICATION SUBMISSION DEADLINE: Monday, March 10<sup>th</sup> for Harm Reduction Workshop**

Completed applications can be submitted in-person to the  
Department of Healing & Community Wellness  
or sent to: [dene.daniels@tlichoc.ca](mailto:dene.daniels@tlichoc.ca)

**For further information about the camp from your community, please contact:**  
Dene Daniels [dene.daniels@tlichoc.ca](mailto:dene.daniels@tlichoc.ca)