



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

**APPLICATION FORM**  
**Counselling Essentials Program 2025**

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

|                           |            |           |
|---------------------------|------------|-----------|
| <b>Name of Applicant:</b> | First Name | Last Name |
|---------------------------|------------|-----------|

|               |  |               |  |
|---------------|--|---------------|--|
| <b>Phone:</b> |  | <b>Email:</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) _____<br>Whatì _____<br>Gamètì _____<br>Wekweètì _____ |
|--------------------------------------|---|

|  |  |
|--|--|
| <b>Do you need billeting while in Gamètì *</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

*\*The billeting/travel is only for eligible for Whatì, Behchokò and Wekweètì 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 currently employed? If so, what role do you hold and where?</b> |          |
| Position/Title   | Location |

### Casual Employment

**Notice:** I consent to being added to the Department of Healing and Community Wellness's casual list for a casual counsellor position after finishing the course.

Initial \_\_\_\_\_

### Course Duration

**Notice:** I am aware that this course will take place in **Gamètì** over five days from 9 a.m. to 5 p.m..

Initial \_\_\_\_\_

### 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 Tłıchǫ Government workshops.

Initial \_\_\_\_\_

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

**Counselling Essentials Program begins: Monday, August 25th at 9:00 am**

### SUBMITTED BY:

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

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

**APPLICATION SUBMISSION DEADLINE:**  
**Thursday, July 31<sup>th</sup> for Counselling Essentials Program**

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

**For further information about the camp from your community, please contact:**  
Deanna McGee [Deanna.mcgee@tlicho.ca](mailto:Deanna.mcgee@tlicho.ca)