



YELLOWHEAD TRIBAL COLLEGE

# APPLICATION PACKAGE

2022 - 2024

INDIGENOUS HEALTH SUPPORT

WORKER DIPLOMA PROGRAM

(IHSW)

[www.ytced.ab.ca](http://www.ytced.ab.ca)

<https://ytced.ab.ca/admissions/how-apply/>

## THE APPLICATION PROCESS

The application process is detailed and will require the commitment of a significant amount of your personal time and effort. The completion of each of the components of this admission package is integral to ensuring that your application will be processed in an effective manner. **The documents listed below must be uploaded to Yellowhead Tribal College, apply webpage <https://ytced.ab.ca/admissions/how-apply/> by April 30, 2022.**

- ✓ \$75 Application Fee (General Application and signed waiver form to be included with you Indigenous Health Support Worker Diploma application package);
- ✓ Official High School Transcripts received directly from educational institute
- ✓ Unofficial High School or Post-secondary Transcripts can be uploaded
- ✓ Confirmation of English 30-1 and final mark of at least 55%, or English 30-2 and final mark of at least 65% prior to the commencement of the program; if unable to provide transcript, applicant must take an online CAT 3 Assessment
- ✓ Current resume, Criminal Record Check, and Intervention Record Check
- ✓ Personal Statement; 500 words
- ✓ Two letters of reference (one should be from the supervisor of your volunteer or work experience and the second one from a community, education or employment). Reference letters must be emailed directly from the person providing the reference to the [Registrar@ytced.ca](mailto:Registrar@ytced.ca) with the applicant's first and last name in the email. You can also mail the reference letter to the Registrar's Office at the mailing address listed below.

## PROGRAM APPLICATION CHECKLIST

I have:

Ordered my official high school transcripts from Alberta Learning  
Or scheduled a CAT 3 Assessment. (Transcripts must be sent from  
Institution to Institution). \_\_\_\_\_

Ordered my official post-secondary education transcripts from all  
post-secondary institutions that I have attended in the past  
(Transcripts must be sent from Institution to Institution). \_\_\_\_\_

Attached a copy of my current resume. \_\_\_\_\_

Attached a copy of my Personal Statement. \_\_\_\_\_

Two Letters of Reference. \_\_\_\_\_

Possible interview completed with the IHSW Co-ordinator  
and/or Elder. (date and name of Elder \_\_\_\_\_).

\*Possession of a criminal record does not restrict applicants from admission to the program. The record will be assessed with respect to the nature of these offense(s), to explore life changes since these events were documented, and to encourage an applicant's commitment to seek pardon on criminal records. A Criminal record **may** limit placement opportunities in the field of Community Health Work.

If you have any questions about the application procedure, please contact:

**Normie Carlson,**  
**Indigenous Health Support Worker Coordinator**

Yellowhead Tribal College

587-525-6152

E-mail: [normie.carlson@ytced.ca](mailto:normie.carlson@ytced.ca)

## PERSONAL STATEMENT

Please answer each of the following questions in paragraph format:  
(double-spaced word-processed responses are preferred)

1. Please describe your reasons for pursuing a career in the Indigenous Community Health Profession.
2. Please describe your reasons for wishing to complete your Indigenous Health Support Worker Diploma.
3. Please identify and describe those skills and experiences that you believe indicate your personal suitability to the field of Indigenous Health Support Worker.
4. Leading a healthy lifestyle is an essential requirement for successfully participating in an Indigenous Community Health Worker education program that is founded upon Indigenous values, knowledge and philosophy. Please describe your plans for ensuring that the following elements of your life will be addressed in a healthy manner throughout the duration of your Indigenous Community Health Support Worker Diploma program.
  - Potential life challenges
  - Family and community commitments
  - Spiritual needs
  - Academic responsibilities
  - Financial considerations
5. In one to two paragraphs please describe your knowledge of Indigenous culture and those community health issues that currently face Indigenous peoples in Canada.

**APPLICATION PACKAGE – CONFIRMATION OF REFERENCE REQUESTS**

I have provided the following two individuals with a copy of the Reference Form and they have agreed to send the completed form to the attention of the Registrar at Yellowhead Tribal College by mail or fax.

Reference #1: \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

Reference #2 \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Name of Reference \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

On a separate page, please respond to the following:

1. Please describe those skills that you believe the applicant possesses that will assist them in successfully completing the Indigenous Community Health Worker Diploma education program (for example, you may describe the applicant's skill level in such areas as interpersonal communication, writing, and time management).
2. Please describe in what ways you believe that the applicant is suited to the profession of Indigenous Health Support work.
3. Please comment, as applicable, upon the applicant's past or potential contributions to Indigenous Health Support work practice with Indigenous peoples.

Date: \_\_\_\_\_, Signature of person completing form: \_\_\_\_\_

**Please note: all references must be received by April 30, 2022**  
**Please forward by one of the following methods addressed to the REGISTRAR**

**Mail, Fax or E-mail:**  
**Yellowhead Tribal College**  
**10045-156 Street**  
**Edmonton, Alberta**  
**T5P 2P7**

**Phone: 780-484-0303**

**Fax: 587-524-7275**

**[Registrar@ytced.ca](mailto:Registrar@ytced.ca)**

Name of Applicant \_\_\_\_\_

Name of Reference \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

On a separate page, please respond to the following:

4. Please describe those skills that you believe the applicant possesses that will assist them in successfully completing the Indigenous Community Health Worker Diploma education program (for example, you may describe the applicant's skill level in such areas as interpersonal communication, writing, and time management).
5. Please describe in what ways you believe that the applicant is suited to the profession of Indigenous Community Health work.
6. Please comment, as applicable, upon the applicant's past or potential contributions to Indigenous Community Health work practice with Indigenous peoples.

Date: \_\_\_\_\_, Signature of person completing form: \_\_\_\_\_

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**Phone: 780-484-0303**  
**Fax: 587-524-7275**  
**[Registrar@ytced.ca](mailto:Registrar@ytced.ca)**