Vicarious Trauma Program **Application**



Applicant Name:		D.O.B.:	ММ		DD	YY		
Organization Name:								
Personal Phone:	Personal Email:							
Optional - Work Email:								
Current Position/Job Title:								
Number of Years in Position:	Number of Yea	rs in this f	ield of	Wo	·k:			
Current Position Duties Summary:								
Medical History:								
Do you have any formal diagnosis/diagno	oses? Yes No)						
If yes, what are your diagnosis/diagnoses psychiatrist, psychologist etc.)	s, when/where we	ere you dia	agnose	ed ar	d by v	vho (far	mily docto	or, nurse,
Are you pregnant or think you could be p	oregnant? Yes	No						
Are you diabetic, pre-diabetic or suspect Are you allergic to any over the counter r		iabetes? ' No		- Ty yes,		are the	No y?	
Do you have any food restrictions/allergi	es? Yes No	If yes,	what	are t	hey?			
Do you have any other allergies? Yes	No If yes, w	vhat are tl	hey?					

Please Return Application to: Intake Coordinator

Email: intakecoordinator@enaahtig.ca

Fax: (705) 330-4067

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Do any of your allergies requ	ure you car	ry an Epipen? Yes	i No		
Do you have any mobility iss	sues? Yes	No If yes	s, do you need any ac	commodations?	
Do you have any sleep disor	ders? Yes	No If ye	s, please provide mor	e details (i.e. do you have di	fficult
falling asleep, staying asleep		-			
Current Medication:					
Name:	Dose:	Length of Use:	Prescribed? Yes/No	Prescribed For:	
Culture-Based Questions:					
How do you identify/connec	t with cultu	urally?			
What are your current spirit	ual/religiοι	us Practices?			
Have you attended any trad	itional Cere	emonies/Cultural I	Events as part of your	ioh duties? If ves inlease nr	ovide.
some details.	itional cere	inomes, calcular	events as part or your	job daties: 11 yes, piedse pr	Ovide

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Have you attended any traditional Ceremonies/Cultural Events for your own personal wellness and connection (i.e. NOT connected to work duties)? If yes, please provide some details.

Voluntary - Presenting Issues Questions:

The following questions are **NOT** mandatory to answer. We ask so that we can better accommodate you on your journey during programming.

1) Has there been a recent incident or series of incidents which have negatively impacted your overall wellness in your field of work which you would like to heal from? If yes, please explain:

2) In your personal life, are there any significant or traumatic events, family loss, challenges within family dynamic/community that has shaped you to interpret your world now?

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