

COUNCIL OF YUKON FIRST NATIONS

Gladue Writer Training Application



1) APPLICANT INFORMATION

Last Name		First		Date	
Street Address				Apartment/Unit #	
City		Province		Area Cod	
Phone		E-mail Address			
Are you a Yukon First Nation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, please specify:		
Have you ever written a Gladue Report	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		

2) RECENT EDUCATION

College						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
University						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

3) PLEASE DESCRIBE YOUR INTEREST IN PARTICIPATING IN THE GLADUE WRITER TRAINING

4) PLEASE PROVIDE A 5-7 PAGE WRITING SAMPLE