



2016 Community as teacher: Health professional students learn Cultural Safety from an Aboriginal community

Name: _____

Address: _____

Phone Number: _____

Email: _____

Program: _____

Year of Study: _____

Emergency Contact Information: _____

Have you had a criminal record check completed in the past 5 years?

YES / NO / UNSURE

Do you have a valid driver's license? YES / NO

Do you have access to a vehicle? YES / NO

Please list which camps you are available for in order of preference (you do not have to be available for all camps)

1. _____
2. _____
3. _____

How did you hear about the programme?



Patient & Community
Partnership for Education
informed and shared decision making



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA



Please provide one or two paragraphs describing yourself, your area of study, your interest in joining the camp, and your experiences.

Please make sure to include a recent photograph of yourself so that camp coordinators will recognise you on your first day!

This is a great opportunity for inter-professional collaboration and learning about a First Nations community.

Thanks for your interest!

Please submit this form to William Liem at Patient & Community Partnership for Education at William.Liem@alumni.ubc.ca before June 3rd, 2016.