







## 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?

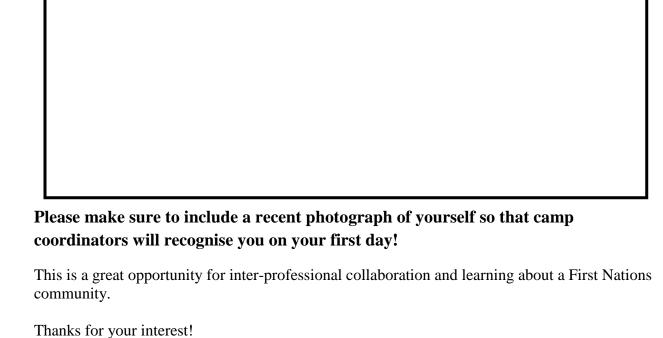








Please provide one or two paragraphs describing yourself, your area of study, your interest in joining the camp, and your experiences.



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