WANAKI TRAINING AND WELLNESS WEEK

for Police Officers Working with First Nations and Inuit

WELLNESS | TRAINING | COLLABORATION | RESPECT | CULTURE

PILOT PROJECT - AUGUST 3-4-5 2027
APPLICATION



LEARN • SHARE • RECHARGE • GROW TOGETHER • MAKE A DIFFERENCE

Together for the wellness of our communities and those who protect them.

CENTRE WANAKI CENTRE
50 Wanaki Mikan P.O. Box 37, Maniwaki (Qc) J9E 3B3 ADMISSIONS: ext 4227
819-449-7000 1-800-745-4205 819-449-7832 819-449-2007
reception@wanakicentre.com www.wanakicenter.com admissions@wanakicentre.com

TRAINING & WELLNESS WEEK FOR PEACE OFFICERS WORKING WITH FIRST NATIONS AND INUIT APPLICATION IN PERSON PROGRAM

Updated July 2026

This admission form contains three (3) sections:

Section 1: Informed Consent
Section 2: Participant Admission – General Information
Section 3: To be completed by the applicant

- ☐ **STEP 1:** The Wanaki Centre must receive sections 1 to 3 fully completed before we can proceed with our clinical assessment.
- ☐ **STEP 2:** The Centre will complete a clinical assessment within 7 working days. The Centre's admission decision will be provided to the participant in writing.
- ☐ **STEP 3:** Upon receipt of the admission decision, the participant must sign and return the signed form by fax or email within 7 days to confirm the participant' admission to the Wellness program.
- ☐ **STEP 4:** Once the Wanaki Centre has received the signed admission decision form by the participant and referral worker, a Zoom or phone pre-contact meeting will be scheduled with the participant prior to the start of the program to provide additional information.

There are 4 principles to follow:

- Respect for yourself and others
- Honesty with yourself and others
- Willingness to listen and learn
- Openness to share

All applications sent to the Wanaki Centre are valid for 3 months. If an application exceeds 3 months, a new application will have to be submitted.

You are responsible to work to the best of your ability on your 4 aspects:

- Physical (walking, exercise)
- Mental (paying attention during workshops, reading, learning from others)
- Spiritual (smudging, praying, medication, offering tobacco)
- Emotional (writing in my journal, sharing in the circle)

SECTION 1: INFORMED CONSENT

Informed Consent Form

Wanaki is a recognised NNADAP Treatment Centre with several years of experience specializing in various counseling. We value our relationship with our participants and believe that such relationship is the guiding line in the healing process.

We believe that each individual is unique and has their own way of addressing resolutions. Thus, we believe in a wellness model that helps our participants empower themselves by focusing on what works for them and not in a systematic approach that provides a generic procedure on working on a treatment. One's journey is not the same as the other.

Participant's Rights

1. The participant may ask questions on what to expect during and end result of the wellness program.
2. The participant may decline to proceed the program as to the techniques which may be conducted by the clinical team.
3. The participant may cease to continue the wellness program at any time.
4. The Clinical Team has the right to dismiss the participant from the program.
5. Right to confidentiality: Within limits provided for by law, all records and information acquired by the counsellor shall be kept strictly confidential in accordance with the principles of a counsellor/participant relationship. All information will not be shared or revealed to any person, agency, or organization without the prior written consent of the participant.
6. The participant can raise any concerns and ask to speak with a counsellor immediately of any concerns provided that the counsellor is likewise available to discuss matters with the participant.

I _____, declare that I have read all of the information including my responsibilities. I understand that if I do not abide by the outlined principles and responsibilities that I could be asked to leave the program. I agree that if I am accepted in the program that I will fully participate on a daily basis, and complete work assignments.

_____ _____

Participant Signature Date

SECTION 2: PARTICIPANT ADMISSION – GENERAL INFORMATION

*Surname:			*Name:		
Email:					
*Date of birth DD/MM/YYYY:	Age:	*Genre (identify as):	Telephone:	Cellphone:	
*Address (Add P.O box if required)			City:	Province:	Postal Code:
Language Spoken:	Language Preferred:		Language Understood:		
Community:	Nation or Non-Native:		First Nation status number / Inuit registration:		

EDUCATION

Last grade completed?	Where?	Reading Level:	Writing Level:
_____ ☐ Elementary school ☐ High School ☐ College ☐ University ☐ Professional ☐ Other:	☐ Public Off-Reserve ☐ Public On-Reserve ☐ Private School ☐ Residential School	☐ Excellent ☐ Good ☐ Poor	☐ Excellent ☐ Good ☐ Poor

WORK

Employment title:	Telephone:	Cellphone:		
Organization:	Email:			
Organisation address:(Add P.O box if required)	City:	Province:	Postal Code:	

MEDICAL INFORMATION

Do you have any allergies and/or dietary restrictions?

□ Yes
□ No

If yes, what allergies or dietary restrictions should we know of during your wellness week?

_____

CONFIDENTIAL

SECTION 3: TO BE CLOMPLETED BY THE APPLICANT

Please tell us in your words why you are motivated to participate in the Wanaki Centre's Training & Wellness program

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ACCOMMODATION

Please note that we want to offer a place to all front-line workers wanting to participate in the wellness week and in this case, we will accept more than our capacity of 12 individuals. In the event that we exceed our capacity of 12 participants, you will have to resort to a hotel near the Wanaki Centre. In that case, would you agree to stay and cover the cost of the hotel? (*Individually or by your community*)

□ Yes
□ No

**The Wanaki Centre is not responsible for travel and accommodation costs other than what is supplied through our residential setting.*

PARTICIPANT AUTORISATION

I authorize the information submitted in this application to be added to the Addiction Information Management System. I understand and agree to accept the treatment program as described by the Wanaki Centre.

Participant Signature	**Date**