



12th ANNUAL BC ABORIGINAL HIV/AIDS CONFERENCE
On reserve – partial scholarship

Name

Organization (if applicable)

Occupation

Address

City Province Postal Code

Telephone (please include area code) Fax (please include area code) E-mail

Band/First Nation Metis Inuit (If applicable)

I would like to apply for assistance for: (One request will be considered)

Accommodation registration

(Applicants applying for accommodation will be sharing a with another delegate)

Have you attended any other Healing Our Spirit Conference in the past? Yes No

How many conferences have you attended? _____

Did you receive a scholarship to attend the conference?

Full

Partial (please indicate below the assistance you received)

Travel

Accommodation

Demographic Information:

Age: _____ Gender: Male Female Transgender 2-Spirit

Geographic Area where you reside: On Reserve

Name of community: _____

Will this conference assist in developing your skills, abilities and knowledge around HIV/AIDS in the following:

Community Family Individuals Friends Loved Ones

My involvement with HIV/AIDS is through:

Nonprofit Organization Aboriginal Community Group

Questions: (please complete this section attach separate sheet if necessary)

A. Why do you want to attend this conference? (20)

B. What is your experience with HIV/AIDS or other issues that affect Aboriginal communities? (20)

C. What do you expect to gain or learn by attending this conference? (25)

D. How do you plan to share what you learned from the conference with your community/organization? (25)

