



Phone
819-668-8337
Email
info@siikuun.ca
Address
St-Gabriel de Brandon, Quebec J0K 2N0

Application Form for Siikuun Program

Please fill out the following form and send it to us by email at info@siikuun.ca. Files will be considered complete only once this application and the telephone interview are complete.

First Name: _____ Last Name: _____

Date of Birth: _____ Email: _____

Phone: _____ Emergency
Contact Name: _____

Address: _____

_____ Emergency
Contact Number: _____

Program Selection (please select one)

Which program are you applying for at this time?

- ☐ Trauma-Focused Therapy
- ☐ Traumatic Bereavement
- ☐ Other / Future Offering (please specify): _____

Please select the program you feel is the best fit at this time. Applications are reviewed individually, and guidance will be offered if another program may be more appropriate.

Intent and Readiness

What is drawing you to this specific program at this time?

What support or preparation do you currently have in place for yourself?



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Intent and Readiness

Have you previously participated in trauma-focused or bereavement-focused therapy or groups? If so, please describe briefly.

Band Number: _____ **Beneficiary Number:** _____

Health Care Card Number: _____ **Languages Spoken:** _____

Please list any dietary restrictions: _____

If you have a referral worker, please provide contact information.*

Name: _____ **Title:** _____

Telephone: _____ **Email:** _____

Additional Information

Is there anything else you would like us to know as we review your application?

Next Steps

Thank you for your application. Exact program dates, availability, and next steps are shared privately after applications are reviewed. If the program you are applying for is currently full, you may be offered placement on a waitlist or invited to a future group.