



Wilp Si'Satxw Society Community Healing Centre

Health and Wellness Colleague Program September 6-18, 2020

This thirteen day Health and Wellness program is specifically designed for those First Nations service providers and Frontline workers wishing to take time out for their personal and professional development. Each participant will reside at the Centre for the duration of the program which has been designed to assist the participants with recognizing areas of concern in need of change and the activities to assist with bringing about those changes for promotion of a more positive life outlook.

Participants can expect safety to be first and foremost throughout the program along with an emphasis on trust and areas of self-care detrimental to lowering the potential of 'burn out' experienced by those working within this field or as frontline workers. Balance will play an integral part of the program as it is also important to have fun and allow your 'Inner Child' to come out and play from time to time, laughter is good medicine.

DATES: September 6-18, 2020

ADMISSION: Limited to 9 beds

FEE: \$250.00 submitted with application

- Portion of the fee will be reimbursed, the remainder will be applied to project materials used in the program.
- Cancellations must be received no less than 10 days prior to start date in order to receive a refund

APPLICATION DEADLINE: August 31, 2020, applications will be filed on a first come basis.

Applicants accept and understand each is responsible for all travel expenses and arrangements, all accepted participants are advised to be prepared to participate fully without distraction.

Download and application from our website: <https://www.wilpchc.ca/>

Email completed application to: v.williams@wilpchc.ca

Or, fax to 250-849-5374

For more information call: 1-877-849-5211



**WILP SI'SATXW SOCIETY
COMMUNITY HEALING CENTRE**

BOX 429, KITWANGA, B.C., VOJ 2A0
PH: 250 849 5211 FAX: 250 849 5374
TOLL FREE: 877 849 5211 EMAIL: d.green@wilpchc.ca

**Health and Wellness Colleague Program
September 6-18, 2020**

COLLEAGE INFORMATION

| | | | | | |
|------------|--|--------------|-----------|--------------|--|
| First Name | | Last Name | | | |
| Title | | DOB dd/mm/yy | | Gender | |
| Address | | | City/Town | | |
| Province | | Postal Code | | Work address | |
| Telephone | | | Cellphone | Work phone | |
| Email | | | | Work Email | |

| | | | | | | |
|----------------|--------------------------|-----------|--------------------------|------------|--------------------------|---------|
| Marital Status | <input type="checkbox"/> | Single | <input type="checkbox"/> | Common-Law | <input type="checkbox"/> | Married |
| | <input type="checkbox"/> | Separated | <input type="checkbox"/> | Divorced | <input type="checkbox"/> | Widowed |

| | | | | | | | | | | | |
|------------------------|--|--------|--------------------------|------------|--------------------------|-------|--------------------------|-------|--------------------------|-----|--------------------------|
| Indigenous Identity | | Status | <input type="checkbox"/> | Non-Status | <input type="checkbox"/> | Metis | <input type="checkbox"/> | Inuit | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Band Name | | | | | | | | | | | |
| Treaty Community | | | | | | | | | | | |
| Status Number | | | | | | | | | | | |
| Personal Health Number | | | | | | | | | | | |

| | | | |
|-------------------|--|---------------------------|--|
| Emergency Contact | | Relationship to applicant | |
| Telephone | | Secondary phone | |

| | | | |
|---|-----|--|-----|
| Do you have physical limitations that prevent you from doing recreational or cultural activities? | YES | Do you require a wheel chair accessible bedroom and/or bathroom? | YES |
| | NO | | NO |
| Do you have any allergies (food, insect, medications) we need to be aware of? | YES | I am committed to complete a structured program process focused on my wellness | YES |
| | NO | | NO |
| I am willing to be involved in all types of intensive counselling activities | YES | I am willing to participate in First Nations Treatment program components such as sweat lodge, daily smudge and other cultural ceremonies. | YES |
| | NO | | NO |
| I am willing to put aside all external distractions while in the Health and Wellness program | YES | | |
| | NO | | |

In you area of work, which area is most problematic for you and please rate:
(1= least; 5= most problematic)

| | | | | | |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| SAFETY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TRUST | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GRIEF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LATERAL VIOLENCE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SELF CARE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Health History

| | | | |
|------------------------|--|-----------|--|
| First Name | | Last Name | |
| Status Number | | | |
| Personal Health Number | | | |

Are you currently or have you ever been treated for any of the following?

- | | | | |
|------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Musculoskeletal problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Stroke | <input type="checkbox"/> other |

List all medications you are currently taking, include over-the-counter drugs and herbal supplements.

| Medication | Dosage | Reason |
|------------|--------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

List all Allergies (food, medicine, insect):

| |
|--|
| |
|--|

I understand I am providing the following confidential medical information for my personal safety while at Wilp Si'Satxw Community Treatment Centre, in case of a medical emergency.

| | |
|------|-----------|
| Date | Signature |
|------|-----------|



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HOUSE RULES

These guidelines are provided to create a healthy, safe, positive environment for your program. Please read them and be prepared to follow them for the welfare of all.

Failure to follow these guidelines may result in:

- **loss of privileges (eg. Phone privilege or Saturday pass)**
- **Written warnings**
- **dismissal**

The severity of the incident may justify immediate dismissal.

ALL STAFF MEMBERS HAVE THE AUTHORITY TO ISSUE INCIDENT REPORTS AND TO DISMISS CLIENTS.

ALCOHOL AND DRUGS

- The use or suspected use of alcohol or drugs throughout the program is grounds for discharge.
- Luggage will be inspected upon arrival. Clients may be subject to room checks during their stay. Incoming parcels will be examined with a Staff member present.
- All medication, prescription, and non-description drugs to be turned in upon arrival.

HEALTH AND SAFETY

- Smoking is not allowed in the buildings.
- Food and drink must be kept in the Dining area only.
- Residents are required to keep themselves clean, regular bathing is required. Please do laundry after sessions and before 10 p.m. See housekeeper for soap and supplies before 5:45 p.m.
- Please remain in the bed that you are designated to.
- Bedrooms are not to be locked at any time. (Fire regulations).
- In case of FIRE ALARM quickly conduct yourself to the gathering point. (Do not take this lightly)
- Beds need to be made and rooms cleaned each morning. We also ask that you cooperate in doing your assigned daily chores.
- No horseplay.
- Hats, chewing gum, pop and other junk food are not allowed on the premises or on outings.
- All walkman's, radios, clock radios, and tape recorders, cassette tapes and C.D.'s and vehicle keys must be turned in upon arrival.

- Sexual contact between clients, and between clients and staff is prohibited e.g.) Kissing, inappropriate hugging/touching.
- Residents are responsible for all personal belongings and effects. All valuables, Bus tickets, and money in excess of \$20 will be put away for safe keeping. These items will be returned upon request. Wilp Si'Satxw accepts no responsibility or liability for personal belongings and effects of residents and Visitors.
- Outside footwear must be taken off and other footwear worn in all buildings.
- Caps are to be removed in all buildings, T-shirts, hats, or other items depicting alcohol or any inappropriate messages are not permitted. Dress conservatively with respect to others.
- There are security monitors located in the residence building and grounds for the safety of the Clients and staff.
- Non-prescription drugs will not be administered, due to the new policy in place at Wilp Si'Satxw. If non-prescription drugs are doctor recommended, it should be clearly marked on the containers.

I, _____ have read the house rules and agree to comply with them for the duration of my stay. I understand that these rules are set for my own well being and safety. I realize that failing to comply with the house rules may interfere with the safety and well being of others and I am subject to disciplinary action as a result.

Client's Signature _____ Date _____

Witnesses by: _____ Date _____



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CONSENT FOR TREATMENT

I, _____ (name of client), agree to enter the Wilp Si'Satxw Society Community Healing Centre, P.O. Box 429, Kitwanga, B.C. V0J 2A0 for the purpose of treating my alcohol/drug dependency problem.

I understand for the client and staff to work effectively, the treatment program will include:

- Counseling assessments
- Spiritual, physical and psychological development
- Group therapy sessions/talking circles
- Contact with referral sources
- Maintenance of confidential client records as stated in the *Alcohol and drug Commission Act* of British Columbia.
- I understand that if I need medical attention, I will be attended to by the proper personnel and/or transferred to an appropriate facility.
- I understand that treatment is a continuum. Therefore, I agree to be involved with aftercare.
- I understand the explanation of the above points and the above-named agency's program and guidelines and I, there for consent to undergo treatment at Wilp Si'Satxw.

Comments _____

Date _____

Signature _____

Parent or Guardian (if applicable) _____

Phone number (_____) _____

Witness _____

Date _____



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CONSENT FOR RELEASE OF INFORMATION

This section is to be filled out if referral is made and client information is required.

Client Name _____

Date of Birth _____ Day _____ Month _____ Year _____

I, _____ (client's name), hereby give my permission for Wilp Si'Satxw Society Community Healing Centre, P.O. Box 429, Kitwanga, B.C. V0J 2A0.

To contact (name and address of agency providing information)

Name _____

Address _____

For information to be released, limited to (describe type(s) of information to be released).

I understand that no other information will be released to any other persons without my written consent unless these persons have a court order or are concerned with my medical treatment in an emergency situation. I also understand that I can withdraw or amend my consent to the release/request of information at any time.

Start date of consent _____ End date of consent: _____

In order for this release to be valid, it must be completed in its entirety.

Client's Signature _____

Witness _____
(may be referring person or assessor)

Date _____