

INDIGENOUS CERTIFICATION BOARD OF CANADA



**APPLICATION PACKAGE FOR THE CERTIFICATION OF
INDIGENOUS COMMUNITY SUPPORT WORKERS**

- Level I -

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for the Certification of Indigenous Community Support Workers – Level I**

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To complete your application, you will also have to provide other documents. A complete checklist of all the forms and documents you need to send is included on **page 4**.

Instructions for Completing this Application Package

Congratulations on taking this step to becoming a **Certified Indigenous Community Support Worker - level I (CICSW I)** Once certified at this level, you will be able to apply for the next community support worker certification level

(CICSW II), provided you have acquired the hours of professional experience and training required for that next level of certification. If you would like to know more about CICSW II standards and requirements, please visit our website.

This application package contains all of the forms you will need to submit for the review of your application. **There is a check list on page 4 to help you.** All the material must arrive in our office in one envelope, including payment of the applicable fees.

Now that you have downloaded this package, you are responsible for:

1. Completing your sections and gathering all the required supporting documents
2. Ensuring that your supervisor, employer and referees complete their parts
3. Sending everything, including the application fee that fits your situation* to the ICBOC office.

*For information on applicable fees, please consult ICBOC's website at <http://icboc.ca/community-support-fees/>

PLEASE KEEP A PHOTOCOPY OF THE COMPLETED APPLICATION PACKAGE FOR YOUR OWN FILES.

To examine the standards and requirements for this certification, please download the **Summary of Certification Standards and Requirements for Certified Indigenous Community Support Workers – Level I** from our website at www.icboc.ca or request an electronic copy from admin@icboc.ca or registrar@icboc.ca

If your supervisor and your referees wish to keep their references confidential (*including the supervisor's evaluation*), please provide them with an envelope (*none are included in our application package*) with the following information printed on the front.

Example: The information on the outside of the envelope should bear the following information:
Letter of Reference (or Supervisor's evaluation) for (*applicant's first and last name*)

Your application materials will first be received, logged, dated and filed by our Administrative Coordinator. Your application file will then be passed on to our Registrar for review **only when the package is complete, including** the cheque or money order (*payable to the Indigenous Certification Board of Canada or ICBOC*). Be sure to include your current return address* on the outside of the envelope containing your application package.

IMPORTANT*: You might change address during the two years leading to your certification renewal, and we won't be able to contact you at the old address. **Please do not forget to inform us of any change of address.**

If you have any questions regarding the application package, educational requirements, or about ICBOC please call us at: 450-983-8444 or by email at admin@icboc.ca or registrar@icboc.ca

We look forward to receiving your application package and to assisting you in any way that we can.

The Board and Staff of ICBOC

Check List

You are responsible for submitting **ALL** the following forms to the Registrar at the address noted on page 30. **Please visit our website for other information and documents related to this certification** (www.icboc.ca). Place a check mark or cross in the left column to self checked the list and ensure you have submitted the documents in your envelope.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Personal information form |
| <input type="checkbox"/> | Assurances form |
| <input type="checkbox"/> | Employment history form |
| <input type="checkbox"/> | Employment verification form |
| <input type="checkbox"/> | Educational qualifications form |
| <input type="checkbox"/> | Alternative learning/training declaration form |
| <input type="checkbox"/> | Training provided by external providers form |
| <input type="checkbox"/> | Copy of your graduation certificates or diplomas from educational institutions |
| <input type="checkbox"/> | Copy of your formal and/or informal transcripts from educational institutions |
| <input type="checkbox"/> | Copy of course descriptions completed in an in educational institution program |
| <input type="checkbox"/> | Copy of your graduation certificates from all other training providers |
| <input type="checkbox"/> | Copy of your declarations/affidavits <i>(if applicable)</i> |
| <input type="checkbox"/> | Copy of the certificates documenting any other trainings you have completed <i>(in-house training, external training in the form of workshops, webinars, short courses, conferences, online training)</i> |
| <input type="checkbox"/> | Practicum/internship report <i>(if applicable)</i> |
| <input type="checkbox"/> | Current comprehensive job description |
| <input type="checkbox"/> | Supervisor's evaluation form |
| <input type="checkbox"/> | Supervisor's reference |
| <input type="checkbox"/> | Letter of reference #1 - personal reference |
| <input type="checkbox"/> | Letter of Reference #2 - professional reference |
| <input type="checkbox"/> | Employers' Declaration - applicants' criminal record checks |
| <input type="checkbox"/> | Consent form <i>(release of information)</i> |
| <input type="checkbox"/> | Completed and signed personal wellness plan |
| <input type="checkbox"/> | Dated and signed code of ethics |
| <input type="checkbox"/> | Payment of the Certification Fee*, in the form of a Cheque or Money Order, payable to the Indigenous Certification Board of Canada or ICBOC |

* For more information on applicable fees, please consult ICBOC's website at <http://icboc.ca/community-support-fees/>

All of the required forms that make up the application package must be received in our office as **one complete package**, in order for us to process your application. The address to submit your application is provided on page 30. For your own records, keep the originals of your certificates, as well as a copy of the other documents in your application.

If you require more information or assistance, please contact the ICBOC office at 450-983-8444 or by email at registrar@icboc.ca or admin@icboc.ca

Personal Information

Very important: Please ensure that your address and other contact information can be clearly read to avoid errors when we wish to contact you by mail, email or phone. An email address makes communication easier.

APPLICANT'S FULL NAME _____
First Middle Last

ALSO KNOWN AS _____

HOME ADDRESS _____
Street

Town/city Province Postal Code

HOME PHONE (____) _____ EMAIL ADDRESS _____

CURRENT EMPLOYER _____

BUSINESS ADDRESS _____
Street

Town/city Province Postal Code

BUSINESS PHONE (____) _____ EMAIL ADDRESS _____
Work

email

CURRENT POSITION _____

Please check your preferred contact location

HOME OFFICE

Assurances Form

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the Indigenous Certification Board of Canada. I will accept the decision of the ICBOC and do accept full responsibility for any and all consequences of the process of seeking certification.

As an Indigenous Community Support Worker enrolled with ICBOC, I agree to abide by and uphold the policies, procedures, code of ethics and decisions of the Board and its officers. This “Code of Ethics” defines responsibilities to oneself and to others. I understand that I can, if I prefer, provide the Code of Ethics¹ applicable in my current place of work.

I certify that I have maintained a healthy lifestyle for a minimum period of three (3) years immediately prior to making this application, and that I am striving to act as a model for my peers, clients and the communities I serve.

To the best of my knowledge, the information contained herein is true and correct.

I authorize members or representatives of the ICBOC to contact and obtain information from any person-reference, from my supervisors, employers or from educational institution(s), as deemed necessary in the processing of this application.

I waive my right to inspect the results of any such inquiries and my right to inspect any letters of endorsement or personal reference and/or to inspect the record of deliberations of the Board in considering this application.

DATE _____ SIGNATURE _____

PRINT NAME: _____

APPLICANT'S NAME _____

DATE _____

¹ You can submit the Code of Ethics of your organization/employer instead of ICBOC's Code of ethics. See page 29

Employment History

Applicant: Please list full-time, paid positions, beginning with your current position and going back consecutively for at least **five positions and/or five years**.

1. EMPLOYER _____ SUPERVISOR _____
POSITION TITLE _____ DATES: from _____ to _____
month/day/year
MAJOR DUTIES _____

2. EMPLOYER _____ SUPERVISOR _____
POSITION TITLE _____ DATES: from _____ to _____
month/day/year
MAJOR DUTIES _____

3. EMPLOYER _____ SUPERVISOR _____
POSITION TITLE _____ DATES: from _____ to _____
month/day/year
MAJOR DUTIES _____

4. EMPLOYER _____ SUPERVISOR _____
POSITION TITLE _____ DATES: from _____ to _____
month/day/year
MAJOR DUTIES _____

5. EMPLOYER _____ SUPERVISOR _____
POSITION TITLE _____ DATES: from _____ to _____
month/day/year
MAJOR DUTIES _____

APPLICANT'S NAME _____

DATE _____

Employment Verification

To be completed by your employer, supervisor or HR person

Applicant: If verification by more than one employer is required to meet Certified Indigenous Community Support Workers' work experience standard at Level I, please photocopy this form and have it completed by these other employers.

Dear employer/supervisor:

You are requested to verify the employment of the applicant whose name appears at the top of this page, and who is applying to the Indigenous Certification Board of Canada for certification as an **Indigenous Community Support Worker at Level I**. Applicants must have employment utilizing knowledge and skills in community support. **Please return the completed and signed form to the applicant. If you prefer, you can return it in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

Name of employing organization _____

Address _____ Telephone _____

City _____ Province/Territory _____ Postal Code _____

Name of employer/supervisor (Print) _____

Title of employer/supervisor: _____

Position of Applicant _____ Employed from _____ To _____
month/day/year month/day/year

Major Duties _____

Additional position(s) previously held by the applicant in your organization (if any):

1. Job title _____ Employed from _____ To _____
month/day/year month/day/year

Briefly describe the applicant's major duties in this previous position: _____

2. Job title _____ Employed from _____ To _____
month/day/year month/day/year

Briefly describe the applicant's major duties in this previous position: _____

Signature of employer/supervisor: _____ Date: _____

APPLICANT'S NAME _____

DATE _____

Educational Qualifications

In the space below please provide information on your educational background. *Please note that there are provincial differences in the Canadian Education System at secondary and post-secondary levels. Please specify your academic credential.

A. Secondary Education: (check appropriate box)

High School Diploma GED Other* _____
(please specify)

B. Post-Secondary Education:

Have you pursued a post-secondary education program? Yes No

If the answer is yes, please provide details for each post-secondary program:

1. **Name of University/College:** _____

(Check appropriate box) Degree Diploma Certificate Other*

Name of degree, diploma, certificate or other* _____

Year degree, diploma, certificate received _____

2. **Name of University/College:** _____

(Check appropriate box) Degree Diploma Certificate Other*

Name of degree, diploma, certificate or other* _____

Year degree, diploma, certificate received _____

3. **Name of University/College:** _____

(Check appropriate box) Degree Diploma Certificate Other*

Name of degree, diploma, certificate or other* _____

Year degree, diploma, certificate received _____

Declaration Regarding an Applicant's Alternative Learning/Training

These are the instructions for completing the declaration form on page 11

What is alternative learning/training?

As a culture-based certifying body providing professional certification to the Indigenous unregulated workforce, ICBOC recognizes that, for various reasons, it is sometimes difficult for workers to attend training outside the community. We believe that knowledge and skills can also be acquired through alternative means. ICBOC considers three distinct situations where this kind of alternative learning/training can be acquired and recognized:

Which situations are recognized as alternative learning/training?

Situation 1. Participation in cultural/traditional activities in the context of your work with clients. By attending and/or participating in these activities with your clients, during work hours, you are acquiring skills and knowledge about how and why these activities can impact the recovery and wellbeing of your client.

Situation 2. Cultural teachings or advice you received from an Elder. at your place of employment, and during the course of your work schedule. This might relate to issues pertaining to your own ability to engage with your clients, for which you are seeking guidance with the view to improve your interventions and relationship.

Situation 3. Training you have developed and delivered yourself in-house to your colleagues, your clients or to people in your community. By sharing your knowledge with others, you are also gaining valuable skills and knowledge yourself. Among the skills you will acquire are presentation skills, interpersonal skills, communication, analytical, time management skills etc...

Communicating your knowledge is not a one-way process. Your audience is always made up of people who can also contribute their own ideas, views, learnings, values etc... This will impact and enhance your own knowledge. We encourage employers and supervisors to foster the sharing of the knowledge that already exists among their staff. Creating a community/circle of learning in a workplace enhances individual and collective learning. **Specific documents are required to justify the hours gained from situation 3.**

IMPORTANT

- Please carefully read, use and complete the form below and/or any copies so that they are submitted exactly as instructed, or it/they will not be accepted.
- Please complete **one copy of the form on page 11** below for each situation *(if you need more space, you can make photocopies of each form)*.
- **Do not list** learnings/trainings acquired in **multiple situations on one single form.**
- **Do not use this form to list training provided by external trainers/facilitators.** To confirm whether or not you attended trainings provided by external facilitators, please read the instructions on page 12 then use and complete the form on page 13.
- Please note that **the maximum number of hours** accepted as part of the Declaration of alternative learning/training for **ALL submitted forms must not exceed 26 hours.**
- **Ensure that each copy** of the forms submitted is **completed as required by a person qualified to sign it** (Elder, employer, executive director, supervisor, training coordinator, human resources manager, or any other person responsible for staff training and who can be contacted).
- **If it is not possible for an Elder** to complete and sign a form for situation 2, it can be completed by one of the other qualified persons. **However, the name and contact information of the elder MUST be provided on the form or it will not be accepted.**

Declaration Regarding an Applicant's Alternative Learning/Training

(This form **IS NOT** for documenting class training provided by external facilitators. To do that, please use the form on page 13)

As a culture-based certifying body providing professional certification to the Indigenous unregulated workforce, ICBOC recognizes that, for various reasons, it is sometimes difficult for workers to attend training outside the community. We believe that knowledge and skills can also be acquired through other means. We strongly encourage employers and supervisor to encourage the sharing of the knowledge that already exists in the place of work. Creating a community/circle of learning in a workplace is a great way to enhance individual and collective knowledge.

REMINDERS:

- Please read, use and complete this form carefully, as instructed on page 10. **Failure to do so will annul the forms.**
- **Do not use this form for any training provided by external trainers/facilitators.** If you attended training provided by external facilitators, please read the instructions on page 12 then use and complete the form on page 13.
- You are responsible for requesting and obtaining certificates from external trainers/facilitators, and for submitting them with your application.

Situation 1. Participation in cultural/traditional activities **in the context of your work with clients.**

Situation 2. Cultural teachings or advice you received **from an Elder, at your place of employment, and during the course of your work schedule.**

Situation 3. **Training you have yourself delivered in-house to your colleagues, your clients or the public.** To claim these training hours, you need to submit a copy of the training session description, including the title, learning objectives, details of the content and agenda. The declaration should be completed by a qualified person

| Name of applicant | | | |
|--|-----------------------|-------------------|--|
| Which particular training/learning situation are you referring to (<i>situation #</i>) | | Date | |
| Name of the employing organization/agency | | | |
| Name of the person qualified to sign this declaration | | | |
| Job Title of the person signing this declaration | | | |
| Telephone | | Email | |
| List of training(s) attended or delivered by this applicant | | | |
| Date of training | Title of the training | Hours | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Note: | | | |
| - If you are using this form to claim hours for situation #e, please insure you are submitting the required documents. | | | |
| - If you need more space to list the training that the applicant has attended/completed, please photocopy this page. | | | |
| - Please make sure the declaration section below is completed as required. | | | |
| DECLARATION | | | |
| I, the undersigned, affirm that I am the person qualified to provide this letter of declaration and that I have verified the training received by the above-named applicant. I declare that the information provided in this letter is correct and truthful. | | | |
| Name of qualified person _____ | | | |
| Signature of qualified person _____ | | | |
| Date _____ | | Telephone # _____ | |
| Year | Month | Day | |

Training Provided by External Providers

These are the instructions for completing the form on page 13

The form on page 13 is to document training that you have completed, that was delivered by external providers and for which you are submitting a proof.

Who are considered as external providers?

- Trainers/facilitators or instructors who are invited to your place of work or to your community to deliver training. Many of these trainers/facilitators are independent trainers registered with and approved by ICBOC.
- Facilitators, presenters or instructors who deliver training outside of your place of work or community (*see external training below*)

Types of trainings delivered by external providers

• Community-based or workplace-based training

- Training delivered at your place of work or in your community.

Please use the form page 13 to list these trainings and submit the required proofs of completion.

• External training

The following are considered external training, delivered by external providers:

- Formal courses or programs delivered by universities and/or colleges or other educational institutions (*online or classroom-based*)
- Informal training in the form of workshops, stand-alone courses, seminars, webinars, including those delivered by independent trainers or in the context of conferences (*online or classroom based*)

Please use the form page 13 to list these trainings and submit the required proofs of completion.

What are the proofs of training accepted by ICBOC?

- 1. Certificates:** You are responsible for obtaining certificates of attendance/completion from external training providers. Certificates must be submitted for every completed training and must bear the following information: the name or logo of the training provider, your full name, the date (s) of the training, the training title(s) and number of training hours, and the signature of the training provider or facilitator. Certificates that do not indicate these information items are not accepted. When only the date(s) of training is/are indicated on the certificates, ICBOC grants 6.5 hours for each day of training.
- 2. Declarations or affidavits:** If under special circumstances, you do not have access to or cannot acquire a certificate, ICBOC will accept a declaration, on your employer's letterhead, from a person qualified to vouch for the training you have completed. This includes your employer/executive director, your supervisor, the human resources manager, training coordinator or manager. The declaration must mention your full name, the date(s) of the training, the training title(s) and number of training hours, as well as the complete and legible contact information of the qualified signatory.
- 3. Official transcripts** are required when you have graduated from a training program from a college, university or other educational institution.
- 4. Unofficial transcripts** are accepted for programs that have been partially completed.
 - The name of the institution, the student and the program must be documented on these transcripts.
 - **Please provide the internet link to the program** so that ICBOC can review the course descriptions. ICBOC might request from you a description of the courses completed.
- 5. Proof of Conference training attendance/completion** If your training was completed in the context of a conference, please provide a certificate showing the title and hours for every session attended. Registration receipts, copy of conference program etc... are not accepted as proof of attendance and completion

Supervisor's Evaluation Form (page 14 to 21)

Note to applicant: If the person you are asking to complete this form **has not been your supervisor for at least six (6) months**, please copy this form and ensure your former supervisor completes it.

NAME OF APPLICANT: _____

Dear employer/supervisor:

You are requested to verify the employment of the applicant whose name appears above and who is applying to the Indigenous Certification Board of Canada for certification as an Indigenous Community Support Worker at level I. Applicants must have employment utilizing knowledge and skills in community support. **Please return the completed and signed form to the applicant.** If you prefer, **you can return it to the applicant in a sealed envelope.** Do not send it directly to ICBOC, as applicants need to submit this form with the rest of their application so it can be processed without delay.

LENGTH OF TIME YOU HAVE SUPERVISED THE APPLICANT: _____

Please indicate the percentage of time the applicant spends on the following during a week of work:

Counselling % Case management % Case Planning % Referral %

IMPORTANT: Please place a cross (x) in the box that most accurately reflects the applicant's knowledge, skill or competency for each of the statements

Scoring key: 1=Need more training /experience 2=Adequate 3=Good 4=Excellent

| CORE KNOWLEDGE AND SKILLS | | | | |
|--|----------|----------|----------|-----------|
| Knowledge and Skills in the Continuum of Substance Use | 1 | 2 | 3 | 4 |
| Ability to explain what substance use is (<i>different types of addictions</i>) | | | | |
| Ability to explain the concept of harm reduction | | | | |
| Knowledge of the relationship between substance abuse/mental health issues and FASD. | | | | |
| Understand the link between FASD and the need to provide support for pregnant women | | | | |
| Knowledge and Skills in Mental Health | 1 | 2 | 3 | 4 |
| Can explain what is meant by mental health and mental illness and the difference between them | | | | |
| Knowledge of concurrent disorders | | | | |
| Understands how stigma, trauma, cultural and historical events impact clients with mental disorders | | | | |
| Knowledge and Skills in Mental Wellness | 1 | 2 | 3 | 4 |
| Can explain why a culturally relevant continuum of supports and services across the lifespan enhances the mental wellness of Indigenous individuals and families | | | | |
| Understands how the gaps in the social determinants of health impact the mental wellness status of Indigenous individuals, families and communities | | | | |
| Recognizes mental wellness issues that would require a crisis response approach | | | | |
| Medications and Medicines | 1 | 2 | 3 | 4 |
| Understands the difference between medications and traditional medicines | | | | |
| Knowledge about common, frequently prescribed medications and possible adverse reactions | | | | |
| Knowledge about different rights and responsibilities of proper medication administration. | | | | |
| Ability to describe the three medications commonly used to treat opioid addiction | | | | |
| Human Development across the Lifespan | 1 | 2 | 3 | 4 |
| Ability to explain the key stages of development that all human beings experience. | | | | |
| Ability to describe the effects of childhood trauma in adulthood (<i>Intergenerational trauma</i>) | | | | |
| Ability to describe the different types of adverse Childhood Experiences (ACES) | | | | |
| Scores | | | | |
| Total Score - Core Knowledge and Skills - this page | | | | |
| Maximum Score - Core Knowledge and Skills - this page | | | | 68 |

| Family Dynamics | | 1 | 2 | 3 | 4 |
|---|---|----------|----------|----------|------------|
| Ability to describe families as a system with the potential to support or undermine one's client | | | | | |
| Knowledge of Indigenous social values and their relationship with family life | | | | | |
| Knowledge of the issues that affect Indigenous family life today | | | | | |
| Trauma-Specific Care | | 1 | 2 | 3 | 4 |
| Ability to appreciate and understand the impact of trauma on Indigenous health outcomes | | | | | |
| Recognizes the value of integrated and trauma-informed care as a critical component of care for Indigenous survivors of trauma. | | | | | |
| Recognizes the importance of cultural awareness and safety and understands the impact of intergenerational trauma on Indigenous individuals, families and communities | | | | | |
| Self-Leadership | | 1 | 2 | 3 | 4 |
| Ability to set personal goals to achieve personal health and self-care (<i>creating and implementing a wellness plan</i>) | | | | | |
| Strives to build self confidence to overcome barriers and to learn to accept own strengths and weaknesses. | | | | | |
| Understands what causes stress and burnout and how to deal with them in a constructive way | | | | | |
| Health and Workplace Safety | | 1 | 2 | 3 | 4 |
| Knowledge of the types of safety hazards that can cause workers' injuries | | | | | |
| Knowledge of Occupational Health and Safety Law and Workers' rights & responsibilities | | | | | |
| Awareness of the potential impact on Indigenous communities from the legalization of Cannabis | | | | | |
| Knowledge of other forms of safety issues in the workplace (<i>harassment, bullying, racism etc...</i>) | | | | | |
| Scores | | | | | |
| Total Score - Core Knowledge and Skills - this page | | | | | |
| Maximum Score - Core Knowledge and Skills - this page | | | | | 52 |
| Total Maximum Score - Core Knowledge and Skills | | | | | 120 |
| GENERAL KNOWLEDGE AND SKILLS IN SUPPORT OF PROFESSIONAL PRACTICE | | | | | |
| Communication | | 1 | 2 | 3 | 4 |
| Active Listening | Encourages others to express themselves | | | | |
| | Demonstrates language and active listening skills that respect cultural differences | | | | |
| | Awareness of different communication styles and mannerism among Indigenous peoples | | | | |
| Verbal Communication | Ability to provide, solicit and receive feedback respectfully | | | | |
| | Ability to convey ideas and facts orally using language that clients and others can best understand | | | | |
| | Ability to speak to clients in their Indigenous language | | | | |
| Non verbal Communication | Is aware of non verbal means of communication | | | | |
| | Capacity to use non-verbal skills to create a supportive environment for clients | | | | |
| Reading | Ability to grasp the meaning of information and apply it to work situation | | | | |
| Written Communication | Ability to write accurate reports with relevant information | | | | |
| | Ability to write correspondence in a professional manner | | | | |
| Interpersonal Communication | Accurately reads and understands emotional, interpersonal and environmental cues and adjusts words and behaviour to obtain the desired outcomes | | | | |
| | Ability to adapt interpersonal style to match the needs of different and diverse individuals and groups across a range of situations | | | | |
| Technology | Uses communication technology to convey messages and information | | | | |
| Scores | | | | | |
| Total Score - General Knowledge and Skills - this page | | | | | |
| Maximum Score - General Knowledge and Skills - this page | | | | | 56 |

| Computer and Office Skills | 1 | 2 | 3 | 4 |
|---|----------|----------|----------|------------|
| Understands what a computer is and does | | | | |
| Ability to use a computer hardware components, such as mouse, keyboard, ports, and monitor | | | | |
| Familiarity with basic computer software, applications and their use | | | | |
| Financial Literacy | 1 | 2 | 3 | 4 |
| Familiarity with money management terms & concepts (<i>accounting, banking, budgeting, etc...</i>) | | | | |
| Ability to create a personal spending plan for self and clients | | | | |
| Applies personal knowledge in financial literacy to assist clients in prioritizing their issues | | | | |
| Group Facilitation | 1 | 2 | 3 | 4 |
| Understands the principles and methods of group facilitation | | | | |
| Capacity to match facilitation strategies to needs of groups | | | | |
| Ability to explain the role of group intervention approaches in working with clients | | | | |
| Knowledge Building (Client/Community Education) | 1 | 2 | 3 | 4 |
| Awareness of literacy, numeracy, physical or cognitive barriers to clients' learning | | | | |
| Ability to educate clients on life skills conducive to wellbeing (<i>managing personal finances</i>) | | | | |
| Ability to develop and deliver presentations/workshops incorporating Indigenous learning approaches | | | | |
| Conflict Management | 1 | 2 | 3 | 4 |
| Knowledge of sources and modes of conflict | | | | |
| Awareness of conflict management strategies, approaches and practices | | | | |
| Ability to recognize and deal with difficult people | | | | |
| Motivational Interviewing | 1 | 2 | 3 | 4 |
| Understands that motivational interviewing as a counseling technique must first attend to the needs specific to clients cultural identity so they are motivated from a foundation of strength | | | | |
| Knowledge of the stages and process of motivational interviewing | | | | |
| Ability to create a safe environment for disclosure and creative exploration | | | | |
| Community Development | 1 | 2 | 3 | 4 |
| Understands the vital importance of health and social programs and services for effective Indigenous community development | | | | |
| Understands the goals of Community-Driven Development (CDD) in community support work | | | | |
| Familiarity with Asset-based Community Development (ABCD) as a strength-based community engagement strategy | | | | |
| Awareness of the Photovoice concept, its process and purpose in community development | | | | |
| Social Determinants of Health | 1 | 2 | 3 | 4 |
| Familiarity with the key Indigenous social determinants of health | | | | |
| Knowledge of the challenges related to the gaps in the Indigenous social determinants of health | | | | |
| Familiarity with the concept of "human capital" (<i>aspects of health indicators, mental wellness, volunteerism, social inclusion, education, employment and community engagement</i>) | | | | |
| Familiarity with Indigenous-specific indicators on the social determinants of health | | | | |
| Policies and Research | 1 | 2 | 3 | 4 |
| Knowledge of the role of policies in an organization | | | | |
| Ability to explain the types of research that have been or are being conducted at Indigenous local, regional, or international level and their objectives | | | | |
| Knowledge of the major national strategies linked to Indigenous health and wellness | | | | |
| Scores | | | | |
| Total Score - General Knowledge and Skills - this page | | | | |
| Maximum Score - General Knowledge and Skills - this page | | | | 112 |
| Total Maximum Score - General Knowledge and Skills | | | | 168 |

| KNOWLEDGE AND SKILLS IN THE CORE FUNCTIONS OF A CICSW AT LEVEL I | | | | |
|---|----------|----------|----------|------------|
| Prevention/Health Promotion | 1 | 2 | 3 | 4 |
| Familiarity with key concepts of prevention and health promotion | | | | |
| Promotes awareness of prevention activities and encourages individuals, families & communities' participation through holistic outlets (<i>arts, sports, dancing, drumming, beading, tattooing</i>) | | | | |
| Applies prevention & health promotion efforts that are tailored to Indigenous culture, context and needs | | | | |
| Ability to educate clients on life skills conducive to wellbeing (<i>managing personal finances</i>) | | | | |
| Practical knowledge and skills linked to presentations, workshop development and delivery on prevention and health promotion topics to a variety of audiences | | | | |
| Intake and Early Intervention | 1 | 2 | 3 | 4 |
| Knowledge of data gathering tools related to admission (<i>forms, filing procedures</i>) | | | | |
| Capacity to use non-confrontational motivation and negotiation skills to engage clients in explorations of their present situations and concerns | | | | |
| Ability to use targeted prevention when appropriate (<i>with specific populations showing early signs of a substance use issue or at risk of developing a problem</i>) | | | | |
| Knowledge of protocols regarding the gathering and storing personal client information (<i>confidentiality policies/regulations, clients legal rights</i>) | | | | |
| Screening, Assessment and evaluation | 1 | 2 | 3 | 4 |
| Familiarity with culturally-relevant and safe screening, assessment and referral tools adapted to the needs of community | | | | |
| Knowledge and understanding of the role of screening | | | | |
| Knowledge of the role of assessment as a component of a culturally safe client-centered plan | | | | |
| Understands the relationship between screening and assessment and their link to other processes and services provided to Indigenous clients | | | | |
| Uses assessment as an ongoing process to evaluate client progress and to provide a rationale for changing the treatment plan as necessary | | | | |
| Care Planning | 1 | 2 | 3 | 4 |
| Capacity to develop, evaluate, adjust care/treatment plans as appropriate | | | | |
| Knowledge of the steps in the Evidence Based Process (EPB) | | | | |
| Ability to collaboratively develop a care/treatment plan based on screening and assessment findings, ensuring that activities and resources reflect the client's needs, strengths and goals. | | | | |
| Knowledge of the SMART goal setting approach to care planning | | | | |
| Ensures that clients' plan of care promotes thinking and behaviors that motivate their progress towards wellness. | | | | |
| Knowledge of methods to assess client's progress toward treatment goals | | | | |
| Case Management | 1 | 2 | 3 | 4 |
| Understands the unique nature of each client's situation and perspective | | | | |
| Ability to explain how case management is related to screening, assessment and treatment planning | | | | |
| Ability to share evaluation findings with clients and their families and to work through their reactions and/or resistance to this evaluation | | | | |
| Ability to understand various treatment or care processes, their strengths and limitations | | | | |
| Knowledge and skill in goal setting, contracting, and problem solving | | | | |
| Ability to respond to the needs of culturally diverse groups, including people with disabilities | | | | |
| Regularly reassesses clients situation and collaborates with them to adjust goals and care plans | | | | |
| Ability to explain the rationale for the admission, discharge, treatment and referral processes | | | | |
| Scores | | | | |
| Total Score - Core Functions of a CICSW I - this page | | | | |
| Maximum Score - Core Functions of a CICSW I - this page | | | | 112 |

| Supportive Counselling | 1 | 2 | 3 | 4 |
|--|----------|----------|----------|------------|
| Capacity to provides a safe, supportive environment to explore client experiences openly | | | | |
| Ability to establish rapport and raise the self awareness of the client, prior to gaining cooperation in initiatives aimed at learning and behavioural change | | | | |
| Ability to adapt and apply a range of counselling styles, techniques and methodologies to meet each client's unique needs (<i>individual, family, group & vocational counselling</i>) | | | | |
| Ability to recognize the effect of illness-induced behaviour, stress and disability on clients and family relationships | | | | |
| Ability to recognize and respond to counselling challenges like aggression and suicide ideation | | | | |
| Ability to support individuals in using harm reduction approaches until they are ready for, and accepted into, detox, treatment and concurrent disorder programming | | | | |
| Uses evidence-based principles and practices for creating motivation for change, respecting client's stage, pace and place in the change process | | | | |
| Makes available the use of appropriate cultural practices to facilitate counseling outcomes | | | | |
| Aftercare | 1 | 2 | 3 | 4 |
| Understands what information a discharge plan should include | | | | |
| Ability to develop an aftercare plan in collaboration with clients, based on their assessment report | | | | |
| Is aware that continuing care programming must be flexible and focused on the needs of individuals and families as identified in their discharge plans | | | | |
| Networks with other professionals and community agencies to respond to clients' aftercare needs | | | | |
| Outreach | 1 | 2 | 3 | 4 |
| Knowledge of what outreach is and the role it plays in prevention, early intervention and treatment | | | | |
| Ability to present her/himself in a manner that promotes approachability, professionalism and credibility and to act in a manner that is appropriate to the setting | | | | |
| Ability to collaborate with each outreach client or community to identify their specific needs | | | | |
| Program Delivery | 1 | 2 | 3 | 4 |
| Understands the program's vision, mandate and structure | | | | |
| Understands and applies established program policies, procedures and tools | | | | |
| Knowledge of the general financial and accounting principles and practices that affect operations | | | | |
| Promotes the use of a client's language in service delivery | | | | |
| Provides appropriate support to group facilitators (<i>space bookings, space rental, group set-up, refreshments, cleaning services and promotional activities</i>) in order to support programming | | | | |
| Sources and coordinates the ordering, delivery and reception of materials and supplies for facilitated/outreach activities | | | | |
| Ability to coordinate program/service delivery that includes cultural practices | | | | |
| Crisis Response | 1 | 2 | 3 | 4 |
| Knowledge and understanding of what constitutes a crisis and ability to recognize a client in crisis | | | | |
| Knowledge of the risk factors, signs and symptoms associated with suicide and other self-harms | | | | |
| Ability to establish a physically and emotionally safe environment for each client in crisis, based on that client's unique needs | | | | |
| Ability to identify risks, to develop and implement risk management plans with clients and their supports in order to prevent immediate harm | | | | |
| Collaborates with clients and their families to assess and improve their coping skills in times of crisis | | | | |
| Ability to notify more senior professionals or relevant services and support systems if risk factors, signs or symptoms appear to be present in a client | | | | |
| Scores | | | | |
| Total Score - Core Functions of a CICSW I - this page | | | | |
| Maximum Score - Core Functions of a CICSW I - this page | | | | 112 |

| Referral | 1 | 2 | 3 | 4 |
|---|----------|----------|----------|-----------|
| Knowledge of the primary health care, mental health or crisis response options for client referrals across the urban and/or Northern Indigenous Nunangat (<i>hot lines, police services, ambulance, shelters, mental health, primary health care, detox treatment, social services</i>) | | | | |
| Knowledge of (<i>and access to</i>) community support sources, their eligibility requirements, care/treatment philosophies, administrative contact and service procedures | | | | |
| Values Indigenous healing practices and cultural activities, while maintaining formal links to mainstream health or addiction services in a seamless manner | | | | |
| Ability to establish and maintain relations with civic groups, agencies, other professionals, governmental entities, and the community at large to expand community referrals resources and help address unmet clients' needs | | | | |
| Exchanges relevant information with the agency or professional to whom the referral is being made, in a manner consistent with confidentiality regulations and professional standards of care | | | | |
| Knowledge of Indigenous traditional counselling supports and services to support physical and mental wellness, including co-facilitation or leading programs and activities with Elders | | | | |
| Commitment to support access to cultural services for all clients (<i>pathfinding to link the individuals to supports and services</i>) | | | | |
| Differentiates between situations in which it is more appropriate for the client to self-refer to a resource and those in which counselor referral is required | | | | |
| Continuously assesses and evaluates referral resources and outcomes to determine their appropriateness and effectiveness | | | | |
| Familiarity with the philosophy and process of recognized and accepted self-help/support groups (<i>AA, Al-Anon, Codependency Anonymous, Adult Children of Alcoholics, etc...</i>) | | | | |
| Networking | 1 | 2 | 3 | 4 |
| Ability to establish relationships with community members and community stakeholders in a collaborative and culturally sensitive fashion | | | | |
| Ability to network with relevant organizations ranging from government to not-for-profit organizations and for-profit business, to advance community support and development activities | | | | |
| Ability to establish and maintain constructive relationships, based on shared needs and common areas of interest, with a broad range of internal and external services and supports, using these relationships to enhance the range and efficiency of community support services | | | | |
| Maintains contacts with people in other areas of the organization's work or in different organizations, when this can lead to useful sources of information or resources. | | | | |
| Attends meetings and social events to continually solidify and grow his/her network | | | | |
| Accompanies senior staff in attending community events and meeting members of the community | | | | |
| Advocacy | 1 | 2 | 3 | 4 |
| Knowledge of the social, political, economic, and cultural barriers to the well-being of individuals and vulnerable groups | | | | |
| Knowledge of the stakeholders, partners, allies and collaborators involved in local advocacy efforts related to gaps in services, activities and initiatives that affect individuals and families | | | | |
| Ability to initiate discussion and advocate for clients with network partners, including publicly funded systems, to foster a culture-based vision that will reduce secondary harms | | | | |
| Ability to support the provision of culturally sensitive and relevant services to individuals in places where those services do not exist (<i>Indigenous communities or hard to reach populations</i>) | | | | |
| Ability to guide individuals to access available funding for culturally-based programs, activities or prevention services across a range of health and social issues | | | | |
| Ability to support the dignity, uniqueness and fair treatment of clients, their families and support network | | | | |
| Scores | | | | |
| Total Score - Core Functions of a CICSW I - this page | | | | |
| Maximum Score - Core Functions of a CICSW I - this page | | | | 88 |

| Teamwork | 1 | 2 | 3 | 4 |
|---|----------|----------|----------|------------|
| Knowledge what is involved in working in a community-centred and multi-disciplinary team | | | | |
| Understands terminology, procedures, and roles of other disciplines in community support work | | | | |
| Uses questions and information exchange as an effective means of fostering an open dialogue | | | | |
| Credits individual contributions and acknowledges team accomplishments | | | | |
| Ability to summarize and share client's personal and cultural background, care plan, progress, and challenges to foster multidisciplinary quality of care, gain feedback, and plan necessary changes | | | | |
| Ability to establish and maintain collaborating relationship with clients, family members, co-workers and external colleagues | | | | |
| Capacity to demonstrate respect and non-judgmental attitude toward clients in all contacts with community professionals and agencies. | | | | |
| Record Keeping and Documentation | 1 | 2 | 3 | 4 |
| Knowledge of internal protocols, technological tools and regulations applicable to client record administration and monitoring | | | | |
| Ability to prepare required documentation (<i>assessment, discharge and referral reports</i>) with sufficient clarity, accuracy and level of detail | | | | |
| Ability to create and maintain accurate, up-to-date, comprehensive client records able to withstand legal scrutiny. | | | | |
| Ability to analyze and summarize information to write reports that address sensitive issues | | | | |
| Provides case management and information sharing services anchored in culturally safe practices | | | | |
| Scores | | | | |
| Total Score - Core Functions of a CICSW I - this page | | | | |
| Maximum Score - Core Functions of a CICSW I - this page | | | | 48 |
| Total Maximum Score - Core Functions of a CICSW I | | | | 360 |
| CULTURAL COMPETENCE AND SAFETY | | | | |
| Cultural Knowledge, Skills and Attitudes of a CICSW I | 1 | 2 | 3 | 4 |
| Knowledge of Indigenous views and approaches related to family and community' health and wellness | | | | |
| Understands the intergenerational relationship between colonization and oppression and the current gaps in Indigenous social determinants of health | | | | |
| Understands the centrality of Indigenous culture in the healing process and the diversity of Indigenous expression of culture | | | | |
| Understands the healing value of Indigenous traditions and cultural/spiritual ceremonies | | | | |
| Understands that not all Indigenous individuals have access to or has a connection to their cultural identity and as such may not initially be aware of or interested in culturally specific supports | | | | |
| Understands how issues of diversity may affect the delivery of respectful and appropriate services | | | | |
| Commitment to promote the role of culture as a part of a continuum of services that reflects cultural awareness, competency, and safety | | | | |
| Commitment to become better informed on cultural interventions and practices. | | | | |
| Fosters the involvement of Elders in providing cultural guidance | | | | |
| Uses his/her Indigenous language in the services provided to clients | | | | |
| Knowledge of the concept of cultural humility | | | | |
| Commitment to promote cultural awareness and safety when collaborating with service providers | | | | |
| Scores | | | | |
| Total Score - Cultural Competence and Safety - this page | | | | |
| Maximum Score - Cultural Competence and Safety - this page | | | | 48 |

| PROFESSIONALISM | | | | |
|--|---|---|---|------------|
| Professional Integrity | 1 | 2 | 3 | 4 |
| Treats all clients with respect irrespective of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status or any other basis | | | | |
| Respect of the ethical conduct guidelines, policies, and regulations at the place of work | | | | |
| Knowledge of the Indigenous values/teachings guiding personal and profession conduct in relationships | | | | |
| Knowledge and respect of the legal rights of clients | | | | |
| Recognizes the importance of privacy in dealing with clients and/or their families and in handling sensitive information | | | | |
| Ability to maintain the confidentiality of all clients records, materials and communications | | | | |
| Ability to communicate truthfully, avoids misleading or unreasonable expectations in others | | | | |
| Life Skills in support of professional practice | 1 | 2 | 3 | 4 |
| Ability to demonstrate a genuine interest toward clients, relate with clients with by creating a warm, compassionate, healthy and respectful environment | | | | |
| Ability to recognize own professional and personal strengths and limitations | | | | |
| Commitment to pursue own personal and professional development in order to enhance and maintain professional competence | | | | |
| Ability to demonstrate sensitiveness regarding the impact of own behavior on others | | | | |
| Ability to be assertive, to stand up for oneself and other people while remaining calm in the face of provocation. | | | | |
| Shows resilience when coping with challenges and treats them as learning opportunities | | | | |
| Ability to think <i>creatively (in different and unusual ways)</i> about issues/challenges, find new solutions or generate new ideas | | | | |
| Ability to establish and prioritize tasks and objectives in order to manage time and resources appropriately | | | | |
| Ability to articulate both sides of an argument calmly, remain impartial and seek a positive resolution | | | | |
| Ability to assess information carefully and understand its relevance before making decisions | | | | |
| Knowledge of job readiness process | | | | |
| Ability to identify tasks and activities and adjust priorities to ensure that high-priority work is accomplished within required timelines | | | | |
| Ability to manage/respect work schedules, attend meetings and appointments in a timely manner | | | | |
| Scores | | | | |
| Total Score - Professional Integrity and Life Skills - this page | | | | |
| Maximum Score - Professional Integrity and Life Skills - this page | | | | 80 |
| Grand Total - Supervisor's Evaluation | | | | 776 |

Supervisor's Reference

Please comment on the following

Moral Character _____

Professionalism _____

Commitment to provide highest quality of service _____

Please provide other reference information for this applicant in the space below

Name of employing Organization _____

Name of Supervisor (please print): _____

TELEPHONE (____) _____ Email _____

Signature: _____ Date: _____

Employers² Declaration - Applicants Criminal Record Checks

The Indigenous Certification Board of Canada does **not** require criminal record checks as part of our certification process. The responsibility for ensuring that checks are done to protect the safety and welfare of clients rests with the employer. To know more about the ICBOC's Policy on Criminal Record Checks, please contact ICBOC.

LETTER OF DECLARATION REGARDING THE CRIMINAL RECORD CHECK OF AN APPLICANT SUBMITTING AN APPLICATION FOR CERTIFICATION WITH ICBOC

Name of applicant _____

Name of organisation or institution where the applicant is employed _____

Employer's name _____

I, _____ affirm that I am the applicant's employer.

I moreover declare that, in accordance with all applicable laws, a criminal record check was conducted on the applicant prior to commencement of employment and/or within 90 days of applying for certification and that, as an employer, I am satisfied that the applicant does not pose any risk to clients.

I confirm that that I am the person authorized to sign this declaration and that the information I have provided in this declaration is correct and complete.

Signature of the employer _____

Date: _____

² By "Employer" is meant any person who is legally responsible for insuring the verification of criminal record checks for all employees and who is authorized to sign this declaration

Personal Letter of Reference

In support of an application for certification as a Certified Indigenous Community Support Worker at Level I

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as an **Indigenous Community Support Worker at level I** with the Indigenous Certification Board of Canada. To assist the Board in its evaluation of this applicant, the following information is requested. **Please do not provide this information unless you have known the applicant personally for at least three (3) years.** The referee must not be a relative. A glossary of terms has been provided to assist you. **If you prefer**, you can return the completed letter of reference in a sealed envelope to the applicant. Failure to provide this reference will jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (check appropriate box)

Friend Co-worker Supervisor Non-relative (Check this box if appropriate)

Please comment on the following characteristics regarding the applicant:

1. Moral Character _____

2. Professionalism _____

3. Community/Volunteer Related Activities _____

4. Other Remarks _____

Name of Referee _____
Please print

Address _____

City _____ Province _____ Postal Code _____

Telephone (____) _____ Email _____

Signature _____ Date: _____

Please return the completed letter of reference to the applicant, in a sealed envelope if you prefer. Thank you.
Failure to return this form to the applicant may jeopardize the timely processing of his/her application.

Professional letter of reference

In support of an application for certification as a Certified Indigenous Community Support Worker at Level I

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as an **Indigenous Community Support Worker at level I** with the Indigenous Certification Board of Canada. To assist the Board in its evaluation of this applicant, the following information is requested. **You must have known the applicant professionally for at least one (1) year.** The referee must not be a relative. A glossary of terms has been provided to assist you. **If you prefer**, you can return the completed letter of reference in a sealed envelope to the applicant. Failure to provide this reference will jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (check appropriate box)

Friend Co-worker Supervisor Non-relative (Check this box if appropriate)

Please comment on the following characteristics regarding the applicant:

1. Moral Character _____

2. Professionalism _____

3. Community/Volunteer Related Activities _____

4. Other Remarks _____

Name of Referee _____
Please print

Address _____

City _____ Province _____ Postal Code _____

Telephone (____) _____ Email _____

Signature _____ Date: _____

Please return the completed letter of reference to the applicant, in a sealed envelope if you prefer. Thank you.
Failure to return this form to the applicant may jeopardize the timely processing of his/her application.

Consent Form

Consent for the release of information

I, _____, of _____
Print Name of Employee Print Name of Employer/Organization

hereby consent to and authorize release of information or documentation pertaining to my certification application to persons that the ICBOC might needs to consult for the purpose of certification, **except** to the persons/and or organisations named below (write a list of names of individuals or organisations to whom ICBOC **should not** release your information):

If you authorize the ICBOC to release information, you can still choose to limit the information released. Place indicate below the information you do not wish to be released:

This consent for release of information may be withdrawn at any time by written request addressed to the Certification Board and/or it will expire on the expiration date of your ICBOC certification

Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____

Note: The Indigenous Certification Board of Canada will not include you in its Registry of certified professionals if we do not have this consent form from you.

Circle of Life

All **Certified Indigenous Community Support Workers** will have a personal health and wellness plan. This plan is a continuous day-to-day action plan that maximizes the individual's potential in each quadrant of the Circle of Life.

Below is a list to assist you to develop your personal wellness plan. Use it each day, keep in mind that balance in your own life is your own responsibility that reflects your credibility.

“My Wisdom of Choice is my great gift received from the Creator. I draw on the teachings and wisdom of Elders whom I know and respect. Their insights provide the vision I need to discover my purpose.”

Make changes, additions, or modifications to the list below, it's a guide designed to help you get started.

1. List what is necessary to remain balanced in each of your four quadrants.
2. Take time to consider the common feelings, actions and thoughts that support your total well being.

Examples:

a. Strengths

People skills, gentleness, sense of humor, insight, respect, vision, hopes and dreams, dedication, commitment, skills, experience, knowledge.

b. Spiritual

Traditional/cultural ceremonies, prayer, spiritual readings, meditation.

c. Emotional

Cultural practices, healing, work environment, adventure, rest and relaxation, feelings, virtues, beliefs, values, self-esteem.

d. Physical

Nutritious foods, exercise, clean body and environment, no-smoking, no-alcohol, no-drugs, safe sex.

e. Mental/Social/Cultural

Work life, school life, social and fun, financial knowledge, health knowledge, cultural practices. Nuclear and extended family, relationships, old and new friends, new information, self-expression, anger management.

My Personal Wellness Plan

My name: _____ Date: _____ Signature: _____

A. My **Strengths**: _____

What may stop me from using my strengths to achieve the goals I choose for myself: _____

B For my **Spiritual** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

C. For my **Emotional** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

D. For my **Physical** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

E. For my **Mental** wellbeing,

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

ICBOC CODE OF ETHICS

This “Code of Ethics” that we choose to live by is built on the cultural integrity of traditional Indigenous healing philosophy. Please sign and date it, and submit it with your application. If you prefer or is more appropriate, you can submit the code of Ethics applicable in your current place of work. **However, this alternative code of Ethics will only be accepted if it you ensure you submit it with your name, a date and your signature provided at the end of the document.**

- Maintain a healthy lifestyle during your tenure as an Indigenous Certified Community Support professional.
- Strive to incorporate spiritual teachings into your daily life.
- Take personal responsibility for continued growth through education, training and a developmental wellness plan.
- Be dedicated to the concept that addictions are treatable and the primary goal is to maintain recovery and wellness of all clients.
- Show a genuine interest in helping and serving persons and communities affected with health and social issues and be dedicated to the concept of wellness, recovery and holistic healing.
- Honour cultural and traditional teachings that empower clients to choose a healthy lifestyle.
- Recognize the therapeutic value of humour.
- Accept and show respect for the diversity of all peoples and honour their race, colour, creed, age, sexual orientation, cultural/spiritual practices and views.
- Respect the client by maintaining an objective professional relationship at all times. Avoid dual relationships at all times.
- Protect the confidentiality of all professionally acquired information. Disclosure of such information is done only when required or allowed by law to do so, or when clients have consented to disclosure. This includes all records, materials, and communications.
- Make a commitment to provide the highest quality of service possible. This is evidenced by continued professional interaction with clients and, where necessary, the utilization of other health professionals and/or services to assist and guide their recovery and wellness.
- Insure the safety and welfare of clients by using Indigenous values that guide them towards a greater sense of identity, belonging, empowerment, resilience and wellbeing
- Assess personal and vocational strengths, limitations, biases, and effectiveness and be willing to recognize when it is in clients’ best interest to refer or release them to other individuals and/or support programs.
- Be respectful of, work within, and strive to improve institutional policies and management functions.
- Respect all policies, codes of ethics, code of conduct, and any other clause, regulation, stipulation in effect in your place of work and that you are responsible to apply in your personal and/or professional life
- Insure the safety and welfare of clients by respecting all applicable federal and/or provincial laws of Canada regarding criminal records checks.

Signature

Date: _____

Name (Please print)

WHERE TO SUBMIT YOUR APPLICATION

If you have questions or need more information, don't hesitate to contact us, we are here to assist you.

Please send your application, with the certification fee* to the following address. Cheques and money orders to be made to ICBOC.

Registrar, ICBOC

P.O. Box 3999

Kanehsatake, QC

J0N 1E0

Telephone: 450-983-8444

Email: registrar@icboc.ca

Website: www.icboc.ca

* For more information on applicable fees, please consult ICBOC's website at
<http://icboc.ca/community-support-fees/>