

MANITOBA INDIGENOUS CULTURAL SAFETY TRAINING (MICST)

PARTICIPANT APPROVAL FORM

First Name:	Last Name:
Work Number:	
Email:	
As the Manitoba Indigenous Cultural Safety Training is strongly recommended for healthcare professionals to participate in, WRHA is committed to funding for training seats. If you find you are unable to complete the training, please inform your supervisor and Indigenous Health. A cost penalty may apply to your program.	
Health Region:	Site/Program:
Position:	
I, _____, agree to participate in the Manitoba Indigenous Cultural Safety Training, I understand the importance of the training and commit to completing the training within the allotted 8 week time frame. Should I not complete this training cost incurred for the training seat will be charged to the program.	
I will not be available during the following periods of time: _____	
*MICST will make every effort not to schedule participants into a cohort during the above noted time frames. (Eg. Vacation, LOA's, immunization clinics etc.)	
Employee Signature:	
Note: You will receive a confirmation email once you are approved and registered in the online course. Further instructions on accessing the course will be provided at time of registration.	
As the direct report for _____, I, _____, agree to support them in their training efforts as well as understand that the program/site will incur the cost of the training.	
Authorizing Manager's email:	
Authorizing Manager Signature:	
NOTE: You will further receive a confirmation email once you are approved and registered in the online course. Further instructions on accessing the course will be provided at time of registration.	

**MICST - Winnipeg Regional Health Authority Indigenous Health c/o Seven Oaks General Hospital
5th Floor - 2300 McPhillips Street, Winnipeg, MB R2V 3M3 CANADA
Phone: (204) 940-8880 Fax: (204) 943-1728 email: indigenoushealthMICST@wrha.mb.ca**