

# **INDIGENOUS CERTIFICATION BOARD OF CANADA**



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## **APPLICATION PACKAGE FOR THE CERTIFICATION OF INUIT COMMUNITY SUPPORT WORKERS - Level I -**

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**2020**

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for the Certification of Inuit 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 Inuit 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 Inuit Community Support Workers – Level I** from our website at [www.icboc.ca](http://www.icboc.ca) or request an electronic copy from [admin@icboc.ca](mailto:admin@icboc.ca) or [registrar@icboc.ca](mailto: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: 604-874-7425 or toll free at 1-877-974-7425 or by email at [admin@icboc.ca](mailto:admin@icboc.ca) or [registrar@icboc.ca](mailto: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](http://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 <b>Indigenous Certification Board of Canada or ICBOC</b>

\* 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 604-874-7425, or Toll Free 1-877-974-7425 or by email at [registrar@icboc.ca](mailto:registrar@icboc.ca) or [admin@icboc.ca](mailto: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 Inuit 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 Ethics<sup>1</sup> 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: \_\_\_\_\_

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

APPLICANT'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

## 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 Inuit 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 **Inuit 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: \_\_\_\_\_



**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 Inuit 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 Inuit 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

<b>Name of applicant</b>					
<b>Which particular training/learning situation are you referring to (situation #)</b>				<b>Date</b>	
<b>Name of the employing organization/agency</b>					
<b>Name of the person qualified to sign this declaration</b>					
<b>Job Title of the person signing this declaration</b>					
<b>Telephone</b>		<b>Email</b>			
<b>List of training(s) attended or delivered by this applicant</b>					
<b>Date of training</b>	<b>Title of the training</b>				<b>Hours</b>
<b>Note:</b> <ul style="list-style-type: none"> <li>- If you are using this form to claim hours for situation #e, please insure you are submitting the required documents.</li> <li>- If you need more space to list the training that the applicant has attended/completed, please photocopy this page.</li> <li>- <b>Please make sure the declaration section below is completed as required.</b></li> </ul>					
<b>DECLARATION</b>					
<p>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.</p>					
<p>Name of qualified person _____</p>					
<p>Signature of qualified person _____</p>					
<p>Date _____</p> <p style="text-align: center;">Year                      Month                      Day</p>		<p>Telephone # _____</p>			

## 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

Training Provided by External Providers			
<b>Applicant's name</b>			
1. Write in this column where/how the training was delivered i.e. In-house, university, college, conference, informal, online 2. Please check this column only if you are providing a certificate, employer's declaration/affidavit or transcripts in support of external trainings 3. Photocopy this page if you to list more trainings			
How/Where	Title of training (as indicated on certificate)	Hours	Proof
<b>TOTAL HOURS</b>			
Please check the Summary of Standards and Requirements corresponding to the certification you are applying for and provide proof of required training hours in the mandatory topics below			
Residential school issues and/or decolonization			
Sixties Scoop			
Jordan's Principle			
<b>TOTAL HOURS SUBMITTED</b>			

## 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 Inuit 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 and 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 Inuit individuals and families				
Understands how the gaps in the social determinants of health impact the mental wellness status of Inuit 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)				
<b>Scores</b>				
<b>Total Score - Core Knowledge and Skills - this page</b>				
<b>Maximum Score - Core Knowledge and Skills - this page</b>				<b>68</b>

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 Inuit social values and their relationship with family life					
Knowledge of the issues that affect Inuit family life today					
Trauma-Specific Care		1	2	3	4
Ability to appreciate and understand the impact of trauma on Inuit health outcomes					
Recognizes the value of integrated and trauma-informed care as a critical component of care for Inuit survivors of trauma.					
Recognizes the importance of cultural awareness and safety and understands the impact of intergenerational trauma on Inuit 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 Inuit 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 Inuit 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 Inuit 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

<b>Computer and Office Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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				
<b>Financial Literacy</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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				
<b>Group Facilitation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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				
<b>Knowledge Building (Client/Community Education)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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 Inuit learning approaches				
<b>Conflict Management</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of sources and modes of conflict				
Awareness of conflict management strategies, approaches and practices				
Ability to recognize and deal with difficult people				
<b>Motivational Interviewing</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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				
<b>Community Development</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Understands the vital importance of health and social programs and services for effective Inuit 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				
<b>Social Determinants of Health</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Familiarity with the key Inuit social determinants of health				
Knowledge of the challenges related to the gaps in the Inuit 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 Inuit-specific indicators on the social determinants of health				
<b>Policies and Research</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the role of policies in an organization				
Ability to explain the types of research that have been or are being conducted at Inuit local, regional, or international level and their objectives				
Knowledge of the major national strategies linked to Inuit health and wellness				
<b>Scores</b>				
<b>Total Score - General Knowledge and Skills - this page</b>				
<b>Maximum Score - General Knowledge and Skills - this page</b>				<b>112</b>
<b>Total Maximum Score - General Knowledge and Skills</b>				<b>168</b>



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 Inuit 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 Inuit 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

<b>Supportive Counselling</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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 &amp; 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				
<b>Aftercare</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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				
<b>Outreach</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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				
<b>Program Delivery</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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				
<b>Crisis Response</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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				
<b>Scores</b>				
<b>Total Score - Core Functions of a CICSW I - this page</b>				
<b>Maximum Score - Core Functions of a CICSW I - this page</b>	<b>112</b>			

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 Inuit 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 Inuit 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 Inuit 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>Inuit 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

<b>Teamwork</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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.				
<b>Record Keeping and Documentation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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				
<b>Scores</b>				
<b>Total Score - Core Functions of a CICSW I - this page</b>				
<b>Maximum Score - Core Functions of a CICSW I - this page</b>				<b>48</b>
<b>Total Maximum Score - Core Functions of a CICSW I</b>				<b>360</b>
<b>CULTURAL COMPETENCE AND SAFETY</b>				
<b>Cultural Knowledge, Skills and Attitudes of a CICSW I</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of Inuit views and approaches related to family and community' health and wellness				
Understands the intergenerational relationship between colonization and oppression and the current gaps in Inuit social determinants of health				
Understands the centrality of Inuit culture in the healing process and the diversity of Inuit expression of culture				
Understands the healing value of Inuit traditions and cultural/spiritual ceremonies				
Understands that not all Inuit 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 Inuit 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				
<b>Scores</b>				
<b>Total Score - Cultural Competence and Safety - this page</b>				
<b>Maximum Score - Cultural Competence and Safety - this page</b>				<b>48</b>

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 Inuit 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 creatively ( <i>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: \_\_\_\_\_

## Employers<sup>2</sup> 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: \_\_\_\_\_

<sup>2</sup> 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 Inuit 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 **Inuit 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 Inuit 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 **Inuit 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 need 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 Inuit 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 Inuit 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 Inuit 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 Inuit 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.

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Signature

Date: \_\_\_\_\_

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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  
#207 – 2735 East Hastings Street  
Vancouver, BC  
V5K 1Z8

**Telephone:** 604-874-7425

**Fax:** 604-874-7425

**Toll free:** 1-877-974-7425

**Email:** [registrar@icboc.ca](mailto:registrar@icboc.ca)

**Website:** [www.icboc.ca](http://www.icboc.ca)

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