

# Manitoba Indigenous Cultural Safety Training (MICST) Participant Approval Form

<b>First Name:</b>	<b>Last Name:</b>
<b>Work Number:</b>	
<b>Email:</b>	
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.	
<b>Health Region:</b>	
<b>Site/Program:</b>	
<b>Position:</b>	
<p>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.</p> <p>I will not be available during the following periods of time: _____</p> <p>_____</p> <p style="text-align: center;">* MICST will make every effort not to schedule participants into a cohort during the above noted time frames.</p>	
<b>Employee Signature:</b>	
<p><b>Note:</b> 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.</p> <p>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.</p>	
<b>Authorizing Manager's email:</b>	
<b>Authorizing Manager Signature:</b>	
<p><b>Please send completed form to:</b></p> <p style="text-align: center;"><b>MICST</b>  Winnipeg Regional Health Authority  323 Portage Avenue, Winnipeg, MB R3B 2C1  Phone: (204) 940-8881 Fax: (204) 943-1728  Email: <a href="mailto:IndigenousHealthMICST@wrha.mb.ca">IndigenousHealthMICST@wrha.mb.ca</a></p>	



Winnipeg Regional Health Authority  
Office régional de la santé de Winnipeg  
Caring for Health À l'écoute de notre santé

