



# Aqitauvik Healing Centre

## STEPS TO FREEDOM APPLICATION FORM

Thank you for applying to Aqitauviks' Steps to Freedom Program.

This is an approximate 3 week program, with sessions focusing on healing from past trauma, wounding and resulting addictions.

**Each Applicant is responsible to arrange and provide their own flight, housing and financial needs while they are staying in Quaqlaq for the Program.**

During this time, you will attend each session Monday-Friday, where daily attendance will be taken. A general report will be given to Lawyer or Social Services where necessary.

**\*\* Required. Please attach a short letter about yourself and why you would like to attend the Steps to Freedom Program.**

If you have further questions, you can contact our office at 819-492-9145 or email us at [manager@aqitauvik.ca](mailto:manager@aqitauvik.ca)

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of Registrant: \_\_\_\_\_

Address: \_\_\_\_\_  
# and Street Name/PO Box Community Province Postal Code

Telephone #: (\_\_\_\_) \_\_\_\_\_ = \_\_\_\_\_ Cell#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: Single\_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced\_\_\_\_

**\*\* Name of Contact Person for Social Services/Lawyer:** \_\_\_\_\_

Phone #: \_\_\_\_\_ email: \_\_\_\_\_

Reason for incarceration: \_\_\_\_\_

☐ **I understand and agree that there will be group pictures taken during the program and I give my permission that any photo with my picture in it can be used in promotional purposes for Aqitauvik Healing Centre**

### Address During Program (If known):

Name of persons house you will be staying : \_\_\_\_\_

Address: \_\_\_\_\_  
# and Street Name/PO Box Community Province Postal Code

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_