

ABORIGINAL LEADERSHIP OPPORTUNITY YEAR (ALOY)

APPLICANT PACKAGE AND CANDIDATE QUESTIONNAIRE

PART III

Aboriginal Self-Declaration Form

1. INTRODUCTION

You may be asking: “why is it necessary to fill out this form...”. There was some concerns expressed that positions intended for Aboriginal persons are being taken by non-Aboriginal candidates. To eliminate any confusion which exists, an Aboriginal Self-Declaration form was created. The objective is to help Aboriginal people self-declare and by doing so, will have a greater clarification when signing off the form.

You have to be able to relate not whether you have Aboriginal ancestry, but rather why you the candidate consider him or herself to be an Aboriginal person.

2. APPLICATION

You are asked to complete this form to determine your eligibility for a position. There is one of four options to fill out. Below the four options, print your name, sign it along with date of the time of signing. This section verifies that all the information provided on the form to be true and complete.

The box “Additional Information” is included to allow you to clearly outline why you consider yourself to be an Aboriginal person if you do not fit with the four optional boxes.

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DECLARATION FORM FOR PARTICIPATION IN THE ALOY Programme

TO DETERMINE YOUR ELIGIBILITY FOR THE POSITION, PLEASE COMPLETE THE APPROPRIATE SECTION(S) BELOW:

1. I declare that I am a Status/Registered/Treaty Indian because of my Aboriginal affiliation with the _____ Nation and my Band/Treaty Number is _____.

2. I declare that I am a non-Status Indian because of my Aboriginal affiliation with the _____ Nation and enfranchised by Order-in-Council P.C. _____.

3. I declare that I am Métis because:
I am enrolled as a beneficiary of the _____ land claim agreement, or
of my Aboriginal affiliation with the _____ Nation and
I am a member of the following Métis Association: _____, or
I am affiliated with the following Métis community: _____.

4. I declare that I am an Inuk because:
I am enrolled as a beneficiary of the _____ land claim agreement, or
I am a member of the Labrador Inuit Association, or
I am affiliated with the following Inuit community: _____.

Additional comments _____

All the information I have given herein is true and complete and may be verified.

Name (Please Print)

Signature

Date

NOTE: The information you provide on this document is collected under the authority of DHRD for the purpose of verifying eligibility under the program. Personal information will be protected under the provisions of the Privacy Act and will be stored in Personal Information Bank PSE 902. Under the Act, you have the right to request access to your personal information, held by a federal government institution, and to request corrections should you believe the information contains errors or omissions.

(Disponible aussi en français)