

SKILLS DEVELOPMENT FUND APPLICATION FORM

**ABORIGINAL
SERVICES**



Financial Support for the Inclusion of Indigenous Perspectives, Speakers, Co-Instructors, and Experiences for Students at Selkirk College.

Program:	Course Name:
Instructor's Name and Contact:	
Guest Speaker or Elder's Name:	Guest Speaker or Elder's Title:
Topic(s) for Presentation:	
Presentation Date:	Campus and Location:
Time of Arrival:	Duration of Presentation:

Would you like Aboriginal Services to make the request on your behalf? Yes No

If you answered **No** to the previous question. Please provide the following information:

Speaker's Address: _____

Phone Number: _____

Social Insurance Number (SIN): _____

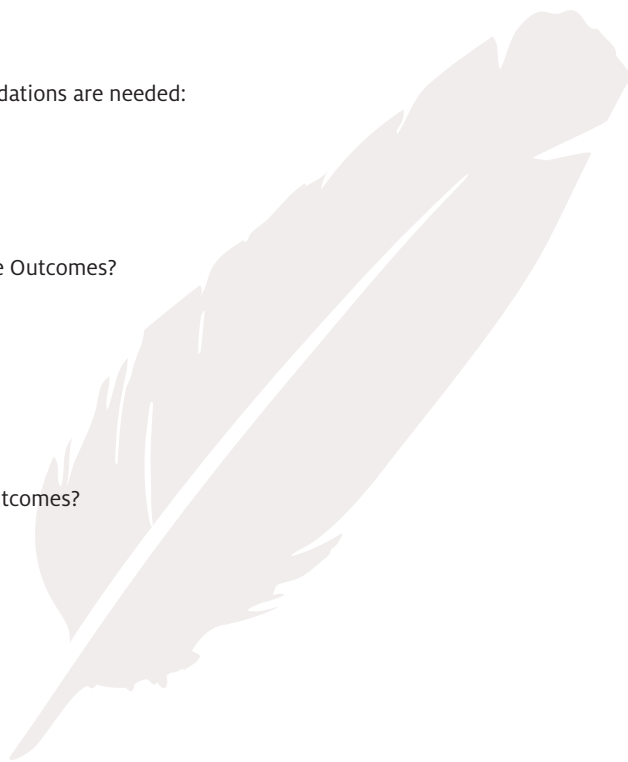
Town the Guest is travelling from: _____

Will they be requiring accommodations? Yes No

If **Yes** please indicate which town they will be staying in, and the dates that accommodations are needed:

Please explain how this guest speaker's visit to your class will align with your Course Outcomes?

Please explain how this guest speaker's visit to your class align with the Program Outcomes?



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Amount Requested:	Contribution Amount:
Account Code for School Contribution:	
Today's Date:	Funding Approval:

Signatures required

Aboriginal Services Liaison

Program Chair

Student Access & Support Department Head

