



**THE GITKSAN WET'SUWET'EN
EDUCATION SOCIETY**

Phone: 250-842-0216

Mailing Address: PO box 418, 4125 river road, Hazelton BC. V0J1Y0

Email: Reception@gwesschool.ca | www.gwesschool.ca



Gitksan Wet'suwet'en Education Society (GWES) is proud to host the

Indigenous Human Services Certificate Program

This program is designed to support individuals who are passionate about working within Indigenous communities in roles that promote wellness, healing, and social support, while also providing a pathway for further education. Students who wish to continue their studies have the opportunity to ladder into the Social Work Degree Program.

Delivery Model: Hybrid (combination of in-person and online learning)

Start Date: To Be Determined (currently exploring start date options)

PROGRAM COURSE LIST:

- ENGL 101 – Foundations for Academic Writing
- IHMS 110 – Fundamentals in Interpersonal Communications
- IHMS 120 – Introduction to Indigenous Studies and Human Service Practice
- IHMS 130 – Introduction to Human Service Professional Practice
- PSYC 111 – Introduction to Psychology I
- ENGL 110 – College Composition
- IHMS 140 – Introduction to Working with Substance Use
- IHMS 150 – Introduction to the Family and Human Service Practice
- IHMS 160 – Fieldwork Education Practicum
- PSYC 121 – Introduction to Psychology II

Year One Entry: Educational Requirements

- Grade 12 or equivalent, or mature student status
- Minimum C+ in:
- English 12
- English 060
- or equivalent assessment

General Admission Requirements

- Applicants must be **19 years of age** by program start (or receive program approval)
- Two letters of reference

**We're now
accepting
applications**

Program Cost per student

30-Credit Certificate Program

Tuition (10 × 3-credit courses): \$5,800

Books & Materials: \$800

Total Program Cost: \$6,600

Limited Seating

This program has **limited capacity**
A maximum of **25 seats** are available
Early application is strongly encouraged

**Apply or Learn More
Contact our Registrar
department @:**

Email: Registrar@gwesschool.ca

Phone: 250-842-0216 ext. 107

www.gwesschool.ca

Gitksan Wet'suwet'en Education
Society (GWES)

PO Box 418

4125 River Road

Hazelton, BC V0J 1Y0



GITKSAN WET'SUWET'EN EDUCATION SOCIETY

4125 River Road, Box 418, Hazelton, BC V0J 1Y0
 Phone: 250-842-0216 Fax: 250-842-2219

INDIGENOUS HUMAN SERVICES CERTIFICATE PROGRAM 2026-2027

Personal Information (Please print clearly and complete this form thoroughly)		
Last Name:	First Name:	Middle Name:
Previous/Maiden Name:	Date of Birth: MM/DD/YYYY	Gender: <input type="checkbox"/> Male or <input type="checkbox"/> Female
Permanent Address		
Address:		
City:	Province:	Postal Code:
Contact Information		
Telephone:	Cell Phone:	Email Address:
	Care Card Number:	PEN (Personal Education Number):
Do you identify yourself as an Aboriginal person: <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, are you (select one or more): <input type="checkbox"/> First Nation Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Inuit <input type="checkbox"/> Métis		
Band Name/Sponsor (if applicable):		Status Number:
Proof of Identity—List ID here: (Administration—please photocopy for student records)		

IN CASE OF EMERGENCY

Contact Information:		
Name:	Telephone:	Relationship:
Name:	Telephone:	Relationship:
Name:	Telephone:	Relationship:
Medical Conditions (if yes, please describe below)		
Do you have any allergies or medical conditions:	Do you have any special needs:	

OFFICE USE ONLY	
Application Received By: _____	Date: _____
Application Processed By: _____	Date: _____

HIGH SCHOOL EDUCATION

Note: Official high school transcripts must be forwarded from the high school for admission to be granted

School Information:			
Name of School:		City:	Province:
Last year attended: MM/YYYY	Did you graduate: <input type="checkbox"/> Yes or <input type="checkbox"/> No		If yes, Graduation Year:

POST-SECONDARY EDUCATION

Note: Official post-secondary transcripts must be forwarded from the institution for transfer credit to be granted

University or College	From (MM/YYYY)	To (MM/YYYY)	Program

PLEASE NOTE: To avoid unnecessary delays in the processing of your application, please ensure that ALL of your documentation has been submitted along with your completed application package as soon as possible.

PRIVACY CONCERNS: From time to time, the Gitksan Wet'suwet'en Education Society (GWES) may use the names and photographs of enrolled students for marketing and communication purposes. Students with privacy concerns are urged to notify the GWES Systems Administrator when applying for admission.

DECLARATION

I declare that the information I have submitted in this application is complete and correct. Omission of information or falsification of any document submitted may result in the immediate cancellation of admission or registration. Completion of this application permits the institute to request and/or confirm any information necessary to support my application for admission.

I understand that the information provided in this application, as well as other information contained in a student record, is collected under the authority of the college and institution act. All information contained in student records will be protected and used in compliance with the B.C. Freedom of information and protection of privacy act (1992). It may be used for internal administration of admission, registration, grade notification, income tax receipts, awards, institutional research, planning, and other fundamental activities related to being a member of the Gitksan Wet'suwet'en Education Society community.

I understand that this application is a request for admission and does not guarantee admission to any program or course. Admission is subject to provision of all requested documents and assessments, completion of admission requirements, and space availability. If admitted, I agree to abide by the established rules and regulations of the Gitksan Wet'suwet'en Education Society, including those of the program in which I shall be registered.

Signature

Date



APPLICATION FOR ADMISSION

nvit.ca



MERRITT CAMPUS:
4155 Belshaw Street
Merritt, BC V1K 1R1
Phone: 1-250-378-3300
Toll Free: 1-877-682-3300

VANCOUVER CAMPUS:
200-4355 Mathissi Place
Burnaby, BC V5G 4S8
Phone: 1-604-602-9555
Toll Free: 1-877-682-3300

INSTRUCTIONS

- Fill out this form completely and be sure to sign it. Mark sections that are not applicable with N/A. If you have questions regarding how to complete this form please contact the Registrar's Office or email info@nvit.ca.
Review Dates* are set for the Fall (September) term as the end of July of each year.
Review Dates* are set for the Spring (January) term at the end of November of each year.
Seats will be offered to qualified applicants in the order applications are completed (all required documents and assessments are received).
** Applications will be accepted after these dates if there are still seats available, but applications submitted before the deadline will be given priority and we cannot guarantee late applications will be evaluated in time for the start of term.*
- Arrange to have official transcripts sent directly to NVIT from your high school and any post-secondary institutions you have attended. Unofficial copies of transcripts may be provided for faster evaluation of an application, but official transcripts are required to finalize offers of admission. High school transcripts may be ordered directly from your high school or the Ministry of Education (contact the Ministry at 250-356-2432 or visit <https://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates>).
- Mail or drop off your application to the Registrar's Office. Students may be able to email their applications to info@nvit.ca.
- If you will not be available while this application is being evaluated, or to register, and wish to have someone else act on your behalf, please submit a signed Release Form to the Registrar's Office. The Release Form is available on our website at www.nvit.ca.
- If your address or contact information changes, inform the Registrar's Office in writing so we can continue to contact you about your application.

PERSONAL INFORMATION

Have you attended NVIT before: No Yes If yes, previous Student Number: _____

Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Current Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Gender: M F Non-Binary I choose not to answer Pronouns: She He They Ze Name

Birthdate (DD/MM/YY): ___ / ___ / ___ Citizenship: Canadian Permanent Resident Student Visa Other

Previous/Maiden Name: _____

Email Address: _____

Note: You will be assigned an NVIT email address. Format will be: your Student ID # followed by @nvit.ca. Example: n1234567@nvit.ca

PEN (Personal Education Number): _____

Assigned to all BC High School students

OFFICE USE ONLY

Program: _____

Entered By: _____

VOLUNTARY DISCLOSURE

Are you of Indigenous Ancestry? No Yes

If yes, your Band or Nation: _____

Province: _____

Check applicable box: Status Non Status Métis Inuit

Do you have a disability? No Yes If yes, do you wish to be contacted by an Academic Advisor? No Yes

EMERGENCY CONTACT INFORMATION

Emergency contact name: _____ Emergency contact phone: _____

Relationship to You: _____

APPLICATION INFORMATION

Before completing this section, refer to the current NVIT program calendar or NVIT website at www.nvit.ca for information on programs available at NVIT. If you are unclear about which program to apply for, contact the Registrar's office at 250-378-3300.

Start Term: (Circle One) Fall (Sep-Dec) Spring (Jan-Apr) Summer (May-Aug) Year: _____

Name of program: _____

Are you planning to attend: Full-Time Part-Time

Please indicate where you would like to start your classes: Merritt Vancouver Community: _____
(Please specify)

Do you require a student housing application? (Available at Merritt campus only) Yes No

Do you require a Daycare Application? (Available at Merritt campus only) Yes No

HIGH SCHOOL INFORMATION

Note: Official high school transcripts must be forwarded from the high school or Ministry for admission to be granted.

Name of High School: _____

City/Town: _____ Province: _____ Last year attended: _____

Did you graduate: No Yes If yes, Graduation Year: _____

POST-SECONDARY EDUCATION

Note: Official post-secondary transcripts must be forwarded from the institution for transfer credit/admissions to be awarded.

UNIVERSITY OR COLLEGE	FROM (YEAR/MONTH)	TO (YEAR/MONTH)	PROGRAM

DECLARATION

Applicant Declaration: I declare that the information I have submitted in this application is complete and correct. Omission of information or falsification of any document submitted may result in the immediate cancellation of admission or registration. Completion of this application permits the Institute to request and/ or confirm any information necessary to support my application for admission.

Information Release: I understand that the information provided in this application, as well as other information contained in a student record, is collected under the authority of the College and Institute Act. All information contained in student records will be protected and used in compliance with the B.C. Freedom of Information and Protection of Privacy Act (1996). It may be used for internal administration of admission, registration, grade notification, income tax receipts, awards, institutional research, planning, and other fundamental activities related to being a member of the Nicola Valley Institute of Technology community and attending a public post-secondary institution in B.C.

Limitations of the Application: I understand that this application is a request for admission, and does not guarantee admission to any program or course. Admission is subject to provision of all requested documents and assessments, completion of admission requirements, and space availability. If admitted, I agree to abide by the established rules and regulations of Nicola Valley Institute of Technology, including those of the program in which I shall be registered.

Signature: _____ Date: _____

Nicola Valley Institute of Technology

Merritt Campus:

4155 Belshaw Street Merritt, BC V1K 1R1

Phone: (250) 378-3300

Toll Free: 1-877-682-3300

Vancouver Campus:

200-4355 Mathissi Place Burnaby, BC V5G 4S8

Phone: (604) 602-9555

Email: info@nvit.ca Website: www.nvit.ca



STUDENT INFORMATION RELEASE

Information contained in a student record, is collected under the authority of the College and Institute Act. All information contained in student records will be protected and used in compliance with the B.C. Freedom of Information and Protection of Privacy Act (1996). The Nicola Valley Institute of Technology is prohibited from providing information from your student records to a third party unless permission is granted via the *Student Information Release* form.

Submit this form to the NVIT Registrar's Office via the address or email above. Please note that should a start and end date not be provided for this form; it is assumed to be an indefinite permission. Should you wish to revoke the authorization, please contact the Registrar's Office.

Student Information

Student Number:

Student Name:

Email Address:

Authorized Designate(s) and Authorized Program

Name of Designate: **GWES**

Relationship to Student: **Sponsor**

Program(s): **IHMS1**

Authorization

Please check one or more boxes below to grant authorization of information for above specified program(s) only:

Invoices, charges, credits, payments, overdue tuition/fees, and/or accounts receivable activities.

Grades/GPA/transcripts, personal information, enrolment & registration, admissions, academic progress, attendance, graduation, and other information related to academics.

Admissions/Registration Proxy: In the event I am unable to complete admissions and/or registration, this person may act on my behalf and submit information. I understand that I am responsible for maintaining my student record.

Financial aid, awards, bursaries, scholarships, Student Aid BC, and sponsorship information.

T2202 (tax information)

Other, Please Specify: _____

Certification

I acknowledge that this authorization starts as of the date this form is signed and has no expiration date, however, I can revoke the authorization at any time by submitting a written request to the Registrar's Office. By signing this form, I authorize NVIT to release the information specified to the person(s) or agency listed above.

Student Signature: _____

Date: _____