

INDG 6715H Bimaadiziwin/ Atonhnhetsherí:io Proposal Form

This form must be completed and signed by the student, the Elder/Knowledge Holder, the Director of Studies and Program Director and must include a detailed plan for the Bimaadiziwin/ Atonhnhetsherí:io. Students will not be allowed to proceed with the apprenticeship without this detailed proposal and the approval of the Director of Studies. When you have completed this form please send your signed copy to rcolley@trentu.ca AND barbarawall@trentu.ca

Name :

Student Number:

Proposed Focus (Indigenous skill you would like to learn). Please provide specific details on what you will be learning.

1. Proposed Focus/Skill/Anchor:

2. How will this student/mentor relationship support your movement toward mno bimaadiziwin/ Atonhnhetsherí:io?

3. How might this relationship support or benefit the mentor's work?

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4. What are the learning objectives and what steps will be involved?

5. What is required of the Elder/Knowledge Holder to achieve that result?

6. Location: Where will the apprenticeship take place?

7. What is the agreed upon duration and time frame?

One Term

Two Terms

Other (Please explain)

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8. Proposed Elder/Knowledge Holder's Name:

Phone:

Email:

9. Does the Elder/Knowledge Holder agree to serve in this capacity for the duration of the Apprenticeship?:

Yes

No

10. If yes, date of agreement:

11. Have you discussed compensation with the Elder/Knowledge Holder? Note that the program provides a modest honorarium of \$500 at the conclusion of the apprenticeship. Additional compensation (fee and/or supplies) is the responsibility of the student, should it be necessary:

Yes

No

12. Have you completed:

- A) **Pre-Placement Due Diligence Checklist**
- B) **Student Declaration WSIB Form**
- C) **Safety Orientation Checklist**

Student Signature: Signing here indicates your knowledge and acceptance of the responsibilities inherent in undertaking this apprenticeship and working ethically with the Elder/Knowledge Holder indicated above.

Student Signature:

Date:

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Director of Studies Signature:

Date:

Program Director Signature:

Date:

Elder/Knowledge Holder Signature:

Date: