Please have your intern complete the attached application forms.

FNHPA HOUSING INTERNSHIP FOR INDIGENOUS YOUTH (HIIY) COURSE 100 PROGRAM - ROLES AND RESPONSIBILITIES OF THE SPONSORS -

The internships support positions in housing administration; maintenance; construction; tenant relations; and more. Sponsorship of interns can be provided by a fairly broad sector of organizations involved in the housing industry.

Do you have a HIIY Intern that you're working with who would like to take FNHPA's *Course 100: First Nations Housing and Infrastructure* this coming Fall 2022?

If so, the sponsors must:

	Allow 3-7 hours a week for the intern to complete the course work.			
	Provide access to computer, internet and printer (if required).			
	Must support the intern if they have questions about on reserve housing.			
	Interns must be between 18-30 with some college or university experience.			
Sponsor Name:				
Address:				
Phone Number:				
Email Address:				
Apply by August 10th, 2022				

Privacy: Personal information in connection with these forms will be used for educational, administrative and statistical purposes. If you have any questions about the collection, use and disclosure of personal information by FNHPA, please contact: Membership and Education Manager at sarah@fnhpa.ca



FNHPA HOUSING INTERNSHIP FOR INDIGENOUS YOUTH (HIIY) COURSE 100 PROGRAM - INTERN APPLICATION FORM -

Intern Information			
Intern Name: (First)	(Las	t)	
Date of Birth:			
Address (Apt, Number, Street, City, Province	, Postal Code):		
Phone Number:			-
Email Address:			_
Briefly state why you are interested in the	Housing Industry:		
Work Experience (Paid or Volunteer) Relate (Option: Attach a copy of your CV outlining your work			
Work experience/position		ization	Dates (From - To)
Education History (Option: Attach a copy of your CV outlining your work	•		
High School - grade or equivalency comple	ted:		
College - number of months/years:			
University - number of months/years:			
Other - training programs, courses, certificates achieved:	ates, or license/trade		
Employer support (this course will take 3-7 i commitment) Employer signature:		please have your employ	er sign off on this time
Intern Consent:	316 516	Date:	

AUTHORIZATION TO RELEASE INFORMATION

Intern name:				
I authorize the First Nations Hou	sing Professionals Association to disclose the following (check all that app	ly):		
☐ Academic records (grade	e, schedule, test scores, etc.)			
☐ Account information (pa	Account information (payments made, refunds processed, tuition amounts, etc.)			
☐ Assignments				
☐ Other (be specific)				
To the sponsor listed below:				
Sponsor's Name and First Nation Relationship to Intern	/Tribal Council/Organization			
I understand that:				
✓ This consent does not pe✓ This is a standing consen above.	ease information will remain in effect until I revoke it in writing. ermit the recipient to authorize release of my information to a third party. It and will not result in a release of information unless requested by the result in a request form.			
Intern's Signature	Date			
Return these forms to: sarah@fr	nhpa.ca			