



**Health Careers Program for First Nations and Inuit**

**RECOGNITION AWARDS 2011-2012**

**Registration form**

Name:	_____
Nation:	_____
Band number :	_____
Community:	_____

Permanent address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Temporary address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e-mail address : \_\_\_\_\_

Program of study: \_\_\_\_\_

Program starting date: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Send to the following address:**  
**Diane Morissette - Institut Tshakapesh**  
Comité de la Direction Régionale - Programme des Carrières de la santé  
1034, rue Brochu, Uashat, (Québec), G4R 2Z1  
Fax: (418) 968-1841 - E-mail: [diane.morissette@tshakapesh.ca](mailto:diane.morissette@tshakapesh.ca)