



**Kackaamin**  
FAMILY DEVELOPMENT CENTRE

## Colleagues Grief & Loss

March 22–27, 2026

Cost: \$100

Includes: Breakfast, lunch, snacks

Shared accommodation upon request

Daily workshops with our clinical and cultural team

Wellness and Self-Care activities

Thank you for your interest in attending Kackaamin Family Development Centre. Our team is committed to providing a safe space for you to come for healing.

This 5-day program will focus on Health and Wellness as it pertains to the helping field. This program will offer a safe space to begin looking at delayed and complex grief through experiential and cognitive processes using culturally relevant approaches.

Please fax page 2 to us at 250-723-5926.

[www.kackaamin.org](http://www.kackaamin.org)

T. 250.723.7789

F. 250.723.5926



Kackaamin Family Development Centre sits on Hupacasath and Tseshaht First Nation unceded territories. We walk respectfully with the intention of helping people on their healing journeys, and practice with reciprocity, honest kindness and kind honesty.

Last Updated: 20 Feb 2026



<b>Application</b>		Date:
Legal Last Name:	Legal First Name:	Alias/Goes by:
Date of Birth: YYYY/MM/DD ____/____/____	Self-Identified Gender:	Personal Health Number:
Aboriginal Ancestry? <input type="checkbox"/> YES <input type="checkbox"/> NO First Nation:		
Occupation:		
<b>ALLERGIES:</b>		<input type="checkbox"/> YES & REQUIRES AN EPIPEN <input type="checkbox"/> NO KNOWN ALLERGIES
<b>Contact Information</b>		
Home Address:	Email:	
	Phone:	
Mailing Address:	<b>Emergency Contact</b>	
	Name:	
	Relationship to Client:	
Same as Home Address: <input type="checkbox"/>	Emergency Contact #:	
<b>Access &amp; Accommodations</b>		
Do you require a room to stay? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* Depending on availability, space may be shared with other attendees. *</i>		Do you require a wheelchair-accessible unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Health &amp; Safety</b>		
Do you have any health concerns, chronic illnesses, etc.? Please list:		
Will you be bringing medications? If yes, please list them here in case of emergency:		
Do you use alcohol, marijuana/THC, or other illicit substances? If so, <u>Please</u> ensure <i>safe detox and sobriety prior to attending</i> this intensive program.		

## KFDC Intake Process

1. The Intake Coordinator will contact you by email/phone to verify the application has been received.
2. Once our intake process is complete, the Intake Coordinator sends a confirmation letter to you with more information about
  - What to Pack (if staying onsite)
  - General Guidelines

Thank you for your patience and time.