Employability Assistance for People With Disabilities Participant Registration Form							
1) Opening Date (yyyy/mm/dd)	2) EAPD Number:						
1.1) Type of opening: O New opening O Re-opening							
PROFILE INFORMATION:							
3.1) Last Name:							
3.2) First Name:							
4.1) Address:	4.2) City/Municipality:						
4.3) Postal Code: 4.4) Telephone: ()							
4.5) Email:							
5) Date of Birth (yyyy/mm/dd)	6.1) SIN:						
6.2) EIA Number:							
7) Gender: O M O F O Another O Not Declared 8) M	Aarital Status: O Married/Equivalent O Single O Not Declared						
9) Dependents? O Yes O No O Not Declared 9.1)) If 'Yes,' how many?						
10) Indigenous Status: O Inuit O Metis O Status (Off re	eserve) O Not Status O None O Not Declared						
11) Visible Minority (other than Indigenous): O Yes O No C) Not Declared						
12) Immigrant Status: O Yes O No O Not Declared	12.1) If 'Yes,' Immigration Year:						
13) Primary Language: O English O French O Other							
14) Source of Referral (ONE response only)	b) Primary Source of Income (ONE response only)						
O Self/Family	O Employment						
O Agency	O Employment & Income Assistance						
O Employment & Income Assistance	O Band Income Assistance						
O Child and Family Services	O Family/Spouse						
 Children's disABILITY Services Community Living disABILITY Services 	O Personal funds						
O Community Mental Health	○ Employment Insurance (EI)						
O Medical Professional	O Insurance (WCB, MPI, Private)						
O School/Transition Planning	O Pension (CPP, CPP-Disability, Private)						
O Other	O Other						
EDUCATION AND EMPLOYMENT INFORMATION:							
16) Highest Education Completed (ONE response only)							
○ No formal education	O Journeyperson Certificate						
○ Grade 1 to 8	O Red Seal Certificate						
○ Grade 9 to 12 (did not graduate)	 University Certificate/Diploma (not a formal degree) 						
O High School Diploma/Equivalent	O Bachelor's Degree						
○ Mature High School Diploma	⊖ Master's Degree						
O Modified High School Diploma	⊖ Doctorate Degree						
O College/Vocational Certificate	○ Incomplete Post-Secondary (eg. some coll./voc./univ.)						
O College/Vocational Diploma	Draft						



17) Current Employment Status (ONE response only)	O Employed	O Self-Employed	O Unemployed
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18) If unemployed, how long since last employment? O Within last 12 months O 1-5 Years O 6+ years O Never worked

19) For most recent or current employment (Do not complete if participant has Never Worked)

19.1) Type of job: O Permanent O Temporary O Casual/Seasor	c C nal	19.2) Average hours/week: O 1 - 14 hours/week O 15 - 24 hours/week O 25 - 29 hours/week O 30+ hours/week		19.3) Hourly rate of pay: O Minimum wage - \$12.00/hour O \$12.01 - \$15.00/hour O \$15.01 - \$18.00/hour O \$18.01/hour or more		
DISABILITY INFORMA	TION:					
20.1) Primary Disability	(ONE response onlv)				
O Intellectual	• • • • • • • • • • • • • • • • • • • •		earning C	Deaf/Hard of Hearing	O Vision	
20.2) Secondary Disabil	ity (ONE response o	nly)				
O Intellectual	O Physical O Pa	sychiatric O Le	earning C	Deaf/Hard of Hearing	O Vision	
21) Additional details	on disability/conditi	on (Select ALL the	at apply)			
21.1) Intellectual, psyc	hiatric and/or learnir	ng disabilities:	21.2) <u>Physica</u>	al disabilities:		
 Communication Depressive Disc Dissociative Disc Eating Disorder Fetal Alcohol Sp Intellectual Disa Learning Disord Mathematic Disc Motor Skills Disc Personality Disc Reading Disord Schizophrenia S Sleep Disorders Somatoform Disc Subtance-Relat Tic Disorders 	m Disorders s ectual functioning (IQ Disorders orders orders s bectrum Disorders bility (IQ <70) er order orders orders er Spectrum/Other Psych sorders ed and Addictive Diso essor Related Disorde	otic Disorders rders	 Bone Cardi Cerel Neuro Resp Other 21.3) Vision Apha Catar Diabe Diplo Glaud Hemi Macu Nysta Optic Photo Retin Retin 	itis/Rheumatic conditions iovascular bral Palsy ological (including Acquired iratory r disabilities: kia racts etic retinopathy pia coma anopsia llar degeneration agmus e nerve atrophy ophobia al detachment itis pigmentosa blindness	Brain Injury)	
22) Spinal Cord Injury:						
22.1) SCI: O Paraplegic O Quadriplegic	22.2) Severity: Complete Incomple) B O C	22.4) Level: □ C □ T □ L (1-8) (1-12) (1-5)	□ S (1-2)	
23.1) Vocational Counse	llor:	Code:		23.2) Telephone: (
23.3) Office:			jency/Region:	Code: [Draft	
F	Forward to 350-800 P	ortage Avenue W	inninea MR	R3G ONA		

Do not send photocopied forms for processing

