

In order to encourage persons with disabilities to engage further in the apprenticeship and certification system, Apprenticeship Manitoba is committed to providing accommodations based on individual needs to address and overcome barriers to meaningful participation.

Please fill out this form if you have one or more disabilities that require you to receive accommodations in order to be successful in your training program. Requests for accommodations will be granted on a case-by-case basis and **must also be accompanied by an assessment** by a medical professional, such as a medical doctor or psychologist. If you do not already have a medical assessment, you may be referred through Apprenticeship Manitoba's process in conjunction with apprenticeship Workplace Essential Skills Training (aWEST) and Red River College.

## CLIENT INFORMATION (PLEASE PRINT)

First Name	Middle Initial	Last Name	Birth Date (yy/mm/dd)
Address		City/Town/Province	Postal Code
Home or Cell Phone	E-mail address	Alternate Contact Person (required for clients under 18)	

## ACCOMMODATIONS REQUIRED FOR:

Check the box(es) and include the relevant information.

- |  |   |
|--|---|
| <input type="checkbox"/> Learning Disability   | <input type="checkbox"/> Mobility Impairment          |
| <input type="checkbox"/> Deaf/Hard of Hearing  | <input type="checkbox"/> Blind/Low Vision             |
| <input type="checkbox"/> Head Injury           | <input type="checkbox"/> ADD/HD                       |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Mental Health                |
| <input type="checkbox"/> Medical Condition     | <input type="checkbox"/> Other (please specify) _____ |

## ATTACHMENTS:

Please attach previous accommodations and documentation of your disability (s)

- Assessment from medical professional (eg: Doctor's report; Psychological assessment; etc)
- Previous Accommodations (eg: Extended time on tests; note-taker, assistive technology)
- Copy of Individualized Program Plan (if applicable)

## DECLARATION OF PERSONAL INFORMATION

I agree to provide true and accurate information about my disability/disabilities. I acknowledge that Apprenticeship Manitoba will strive to make reasonable accommodations for me in my technical training program and in writing the certification examination, and may not have the resources available to make some accommodations.

\_\_\_\_\_  
*Signature of Client*

\_\_\_\_\_  
*Date*

If you have any questions about this form or think you need an assessment, please contact the Registrar at 204-945-3337 or toll free at 1-877-978-7233. Apprenticeship Manitoba will use and disclose personal information in accordance with *The Freedom of Information and Protection of Privacy Act*.