

## Employability Assistance for People with Disabilities (EAPD)

### Individualized Vocational Plan

Participant's Name:

Birth Date:

Vocational Counsellor:

Region:

V.T.#:

Vocational Plan #:

Amendment #:

#### Purpose for completing this form

✓ Check all that apply

- Recording of Vocational Plan not requiring EAPD funding.
- Recording of Vocational Plan involving projected funding from EAPD.
- Plan seeking Educational Funding Support.
- Update of a previously funded plan when there has been no funding required or approved during the last 12 months.
- Update to vocational goal or plan that may significantly change future funding requests.

Vocational or employment goal: *(not mandatory for assessments or first month of work training)*

Plan for achieving vocational goal:

Factors impacting achievement of vocational or employment goals:

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**Action Steps:** the participant plans to undertake towards addressing the factors which will impact on achieving the vocational goal including financial resources for non EAPD funded expenses or costs.

**Action Steps:** the Vocational Counsellor agrees to undertake in support of participant's achievement of his/her vocational goal.

**Components for which Individualized EAPD Training Funds:** may be requested during the time frame of:  
 to   
*(maximum 3 years from original/ updated plan. However actual funding is year to year)*

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Amendments/updates:

Amendments/updates:

Amendments/updates:

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**Agreements and understandings:**

This plan has been agreed to by the participant and the Vocational Counsellor on behalf of EAPD. Although the above described plan covers a period of up to three years, the proposed **funding from EAPD is year to year and is subject to change depending on program policies and available resources.**

In order to ensure funding requests are submitted in a timely manner the participant agrees to:

1.
2.
3.
4.
5.

The Vocational Counsellor will submit all requests for funded services that will be provided or covered by EAPD as outlined in the EAPD Training Fund section of this form.

By signing this agreement the participant and/or his/her advocate acknowledge that they have been informed of the:

- funding that may be provided by EAPD in support of this plan and limitations of the funding.
- information they need to provide to their Vocational Counsellor from time to time in order for funding requests to be submitted within required timelines.

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Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vocational Counsellor Name

\_\_\_\_\_  
Vocational Counsellor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date