

Meeting Request Form
Fax Back to 902-424-0717

Partnering Agency: Department of Education – Rehabilitation Programs and Services (RPS)

If you believe you have a disability that will affect your success in your training program, you may wish to investigate the possibility that you may be eligible for support services that are designed to overcome such barriers. Provision of these support services may be available through the Employability Assistance for People with Disabilities Agreement (EAPD) between the Federal Government of Canada and the Government of Nova Scotia if you meet program eligibility criteria.

Please fax a copy of this form to your Training Officer or the Apprenticeship Training Division at 902-424-0717. This will enable a College representative to contact you regarding your disability-related needs.

The Department will use and disclose personal information only in accordance with the Nova Scotia Freedom of Information and Protection of Privacy Act and the Nova Scotia Personal Information International Disclosure Protection Act. To correct or access your personal information you may contact the Department Information Access and Privacy Manager at LAEaccess@gov.ns.ca or (902) 424-8472.

Name: _____
Address: _____
Phone Number: _____
Campus: _____
Trade: _____
Training Officer: _____

Disability:

- | | | |
|---|--|--|
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Multiple disabilities |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Blind/Low Vision | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> ADD/HD | <input type="checkbox"/> Medical Condition |
- Other: _____

Attachments:

Please attach any records of previous academic accommodations and documentation of disability, so that we may implement appropriate services for you.

- Documentation (Doctor's certificate, psycho-educational assessment)
- Previous Accommodations (eg. extended time on tests, note-taker, assistive technology)
- Copy of Individualized Program Plan (if applicable)

I agree to to have the Department of Labour and Advanced Education release information on my disability to the Nova Scotia Community College in an effort to prepare academic accommodations:

Signature: _____ Date: _____