**-Contact information-**

**Student ID #: 10**\_ \_ \_ \_ \_ \_ \_ **Name:** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_||\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

first last

**□ Female □ Male □ Another Gender Identity Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mm/dd/yyyy)

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(street name & number) (apt number) (city) (province) (postal code)

**Phone # 1: ( )** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone # 2: ( )** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TTY: ( )** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(telecommunications device for the deaf)

**George Brown College email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(emails will be sent to your george brown college email address as per college policy)

**Which is the best way to contact you? □ Phone # 1 □ Phone # 2 □ Email □ TTY**

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #: ( )** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**May we email you regarding upcoming appointments and disability related events? □ Yes □** **No**

**-Program information-**

**□ Applied □ Accepted Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mm/dd/yyyy)

**Program Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(example: H100) (example: culinary management)

**□ Full-Time □ Continuing Education □ Apprenticeship □ Dual Credit (High School)**

**Campus:** \_\_\_\_\_\_\_\_\_\_\_\_\_ (casa loma, ryerson, st. james, sunnybrook, waterfront, young centre, distance education)

**-previous education-**

**Name of High School and/or School Board:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of College/University and last year attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRE-admission and placement testing**

Notifications for required pre-admission or placement tests may be received by mail, email or posted to your student account in STU-VIEW.

**1 Do you require accommodations for a pre-admission test? □ Yes □ No □ n/a**

**- OR-**

**2 Do you require accommodations for a placement test? □ Yes □ No □ unsure □ n/a**

**- OR-**

**3 Has the Early Childhood Dept. invited you to a mandatory information session? □ Yes □ No**

If you check “Yes” to **1** or **2** an accommodation profile will be emailed to you and also sent to the Assessment Centre. After receiving your accommodations, you can book your test by calling the Assessment Center Test Accommodation Hotline at 416-415-5000 extension 2624 or email [booktest@georgebrown.ca](mailto:booktest@georgebrown.ca). If you check “Yes” to **3** Accessible Learning will email the contact information for your accessibility consultant plus instructions for the arrangement of information session accommodations. Please allow **ten** business days to arrange accommodations.

**-Disability information-**

To register you must submit a signed Intake Form. Where available, attach supporting documentation from a doctor, psychologist or other registered healthcare professional. The documentation should indicate the type of disability (it is not necessary to include a DSM diagnosis), the expected permanence of your disability as well as the physical, cognitive and behavioral impacts on your daily functioning. For more information on supporting documentation, please see our webpage at [Link to Accessible Learning Services webpage for supporting documents required](http://www.georgebrown.ca/accessible-learning-services/documents-you-need.aspx)

**I currently have proof of disability □ Yes □ No**

**I suspect I have, or I am in the process of being assessed for a disability □ Yes □ No   
I do not have a disability but I do require emotional/academic support □ Yes □ No**

**Please check your disability type(s). You may check more than one.**

□ Acquired Brain Injury □ ADHD □ Blind/Low Vision □ Deaf/Hard of Hearing □ Other/Unsure

□ Learning Disability □ Medical □ Mental Health □ Mobility

**-Financial information-**

**Please check which of the following services you are accessing or applying to:**

**□** **OSAP** (Ontario Student Assistance Program) **□** **WSIB** (Workplace Safety Insurance Board)

**□** **ODSP** (Ontario Disability Support Program) **□** **George Brown College** Health Benefits Plan

**□** **SCSF** (Second Career Strategy Funding) **□** **Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-Statement of Confidentiality-**

*All information collected is* ***Confidential*** *as per Section 41(b) of the*

***Freedom of Information and Protection of Privacy Act***

The staff in Counselling Services and Accessible Learning Services (Disability Services Office and Deaf and Hard of Hearing Services Office) of George Brown College agree to keep all information you share with us in strictest confidence subject to the provisions of the Freedom of Information and Protection of Privacy Act.

This Act imposes strict limits on the disclosure of information without your consent. However, we are obliged to disclose personal information when we become aware of child abuse, a situation where the individual presents a danger to self or others, or when required by law to do so (e.g. when we are subpoenaed and/or summonsed for records or testimony by a court or tribunal.) In addition, departmental verification processes include the sharing of disability status with the Financial Aid office and, as part of the Ministry of Advanced Education and Skills Development, we may be required to produce information during a Ministry audit.

**Consent regarding collection and release of**

**information necessary to permit accommodations**

I hereby give permission to Accessible Learning Services at George Brown College to collect personal information regarding my educational and medical history relating to my disability.

I understand that in order for the College to determine and provide appropriate accommodations for me, it is necessary for me to provide all relevant personal information which I have concerning my disability to the College, including any assessments or reports which I have. Please note, students with a mental health disability are not required to provide a specific DSM diagnosis, rather they must have a statement from a registered healthcare professional confirming they have a mental health disability.

In order for me to receive my academic accommodations, it is necessary for me to consent to provide my accommodation profile to employees of the College or any third party retained by the College.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the above statements and I understand their terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(signature) (date – mm/dd/yyyy)*

| **Accessible Learning** | **Services** |
| --- | --- |
| **Telephone – Local**  **Disability Services** | **(416) 415-5000 extension 2622** |
| **Toll Free**  **Disability Services** | **1-800-265-2002** |
| **Fax**  **Disability Services** | **416-415-2726** |
| **Email**  Disability Services | [letstalk@georgebrown.ca](mailto:letstalk@georgebrown.ca) |

**Visit us at Accessible Learning Services (**[**Accessible Learning homepage at www.georgebrown.ca**](http://www.georgebrown.ca/disabilityservices/))**)**