



-CONTACT INFORMATION-

ID#: **1 0 0** _ _ _ _ _ Name: _____
(FIRST) (LAST)

Female Male Transgendered Date of Birth: _____
(MM/DD/YYYY)

Address: _____
(STREET NAME & NUMBER) (APT NUMBER) (CITY) (PROVINCE) (POSTAL CODE)

Phone # 1: () _____ Phone # 2: () _____

TTY: () _____ Email:
(TELECOMMUNICATIONS DEVICE FOR THE DEAF)

(PRINT OR TYPE INSIDE THE BOX, WITHOUT TOUCHING THE BOTTOM LINE)

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

Emergency Contact: _____ Phone #: () _____

May we email you regarding disability issues, training and employment news? 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: _____
(ST. JAMES, CASA LOMA, RYERSON, YORKVILLE, MARKHAM, SUNNYBROOK, YOUNG CENTRE, DISTANCE EDUCATION)

-PREVIOUS EDUCATION-

Name of High School and/or School Board: _____

Name of College/University and last year attended: _____



-ADMISSION OR PLACEMENT TESTING ACCOMMODATIONS-

Admission assessment (also called "pre-admission") testing may be required before you are accepted into the program to which you have applied. Placement (also called "post-admission") testing is designed to place you into the English and/or mathematics course level that is best suited to your needs.

Do you require accommodations for Admission assessment testing? Yes No

Do you require accommodations for Placement testing? Yes No

If you checked "Yes", an accommodation profile will be prepared for you and sent to the Assessment Centre.

If you have not received information regarding your admission or placement test accommodations within five days from the day you submitted your Intake Form, contact us at [416-415-5000 extension 2622](tel:416-415-5000).

After you have been informed of your test accommodations, you can book your test by calling the Assessment Center Test Accommodation Hotline at [416-415-5000 extension 2624](tel:416-415-5000) or emailing booktest@georgebrown.ca

If you have already booked your test and intend to use your test accommodations, please confirm with the Assessment Center by calling [416-415-5000, extensions 4565 or 4921](tel:416-415-5000).

-DISABILITY INFORMATION-

You must submit an intake form AND supporting documentation pertaining to your disability.

Some examples of supporting documentation include a psycho-educational assessment, an audiogram, a copy of your CNIB card, or a detailed, diagnostic letter from your doctor, psychologist or psychiatrist.

What type of disability or disabilities do you have?

(LEARNING DISABILITIES, ADHD, ACQUIRED BRAIN INJURY, MENTAL HEALTH, DEAF/HARD OF HEARING, BLIND AND LOW VISION, MEDICAL, MOBILITY)

How does your disability impact your learning? _____

-FINANCIAL INFORMATION-

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

- | | |
|---|---|
| <input type="checkbox"/> OSAP (Ontario Student Assistance Program) | <input type="checkbox"/> WSIB (Workplace Safety Insurance Board) |
| <input type="checkbox"/> ODSP (Ontario Disability Support Program) | <input type="checkbox"/> George Brown College Health Benefits Plan |
| <input type="checkbox"/> SCSF (Second Career Strategy Funding) | <input type="checkbox"/> Other _____ |



Confidential Intake Form

-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 the Disability Services Office and Deaf and Hard of Hearing Services Office of George Brown College agrees 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 (eg. when we are subpoenaed and/or summonsed for records or testimony by a court or tribunal.)

CONSENT REGARDING COLLECTION AND RELEASE OF INFORMATION NECESSARY TO PERMIT ACCOMMODATIONS

I hereby give permission to Disability Services and Deaf and Hard of Hearing Services at George Brown College to speak with and 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.

In order for me to receive my academic accommodations, it is necessary for me 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.

(LAST NAME)

(FIRST NAME)

(SIGNATURE)

(DATE - MM/DD/YYYY)

Disability Services		Deaf & Hard of Hearing Services	
Telephone – Local	(416) 415-5000 x2622	Telephone – Local	(416) 415-5000 x4654
Toll Free	1-800-265-2002	Toll Free	1-800-265-2002
Fax	416-415-2726	Fax	416-415-2161
Email	gbcdisab@georgebrown.ca	TTY	1-877-515-5559

Visit us at: <http://www.georgebrown.ca/saffairs/disabilities/disabilities.asp>