



Veterans Affairs Initiative – PCU-WHS

Disability Management Practitioner Certificate Application & Declaration Form

1. Personal Details

| | |
|-------------------------------------|--|
| Name: | |
| Address: | |
| City: | |
| Province: | |
| Postal code: | |
| Landline Phone: | |
| Cell Phone: | |
| Email Address: | |
| Date of Birth: | |
| Gender: | |
| Current Employment (if applicable): | |

Specialized Support Services

| ABORIGINAL STUDENT | | | | DISABILITY SERVICES INFORMATION | |
|---|--------------------------|-------|--------------------------|---|--------------------------|
| Do you identify yourself as an Aboriginal Person | | | | Check this box if you would like information on Disability Services sent to you | |
| Select one or more of the three options that best describe your Aboriginal Identity | | | | | |
| First Nations | <input type="checkbox"/> | Metis | <input type="checkbox"/> | Inuit | <input type="checkbox"/> |

2. Declaration

| Please indicate below that you: | | Yes | No |
|---|--|------|----|
| Have completed secondary school, or equivalent | | | |
| Have basic proficiency in grammar with evidence of reading and writing skills | | | |
| Have basic computer skills and access to a computer with high speed internet | | | |
| Are committed to complete all 25 modules in the Disability Management Practitioner Certificate Program - <i>commencing September 2019 and completed by June 2020.</i> | | | |
| Registered as a Veteran through Veterans Affairs Canada (VAC) or a military member who has been issued a release message. | | | |
| <i>I confirm that the information given in this form is true, complete and accurate.</i> | | | |
| Signature | | Date | |