



C O N F I D E N T I A L I N T A K E F O R M

Today's Date: _____
(MM/DD/YYYY)

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

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 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 #: () _____

-PROGRAM INFORMATION-

Program Code: _____ Program Name: _____
(EXAMPLE: H100) (EXAMPLE: CULINARY MANAGEMENT)

Applied Accepted Start Date: _____
(MM/DD/YYYY)

Full Time Part Time Continuing Education Apprenticeship

-PRIOR EDUCATION INFORMATION-

High School or School Board: _____

College or University (if attended): _____ Program Name: _____

Last year of Attendance: _____ Did you graduate? Yes No

Office	Docs Attached?	Yes	No	Test ?	Yes	No	Tracking:	DC:	Data:
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-ADMISSIONS and PLACEMENT TEST ACCOMMODATIONS-

! Do you require accommodation for admission or placement testing? Yes No

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

2 If you have not received information regarding your test accommodations in three (3) business days from the day you submitted your Intake Form, contact us at [416-415-5000 x2622](tel:416-415-5000).

3 After you have been informed of your test accommodations, you can book your test by calling the Accommodation Hotline at [416-415-5000 x2624](tel:416-415-5000) or emailing booktest@georgebrown.ca

-DISABILITY INFORMATION-

What is your disability?

(EXAMPLES ARE: LEARNING DISABILITY, ADD/ADHD, MENTAL HEALTH, DEAF/HARD OF HEARING, VISION, CHRONIC MEDICAL, PHYSICAL/MOBILITY)

How does your disability impact your learning?

! **IMPORTANT NOTE:** You must submit documentation pertaining to your disability.

Some examples of documentation are school reports such as an Individual Education Plan (IEP), a doctor's letter, a psychological assessment, an audiologist report, a CNIB card, etc.

Will you be accessing the George Brown College Student Health Benefits Plan? Yes No

May we email you regarding disability issues, training and employment news? Yes No

-FINANCIAL INFORMATION-

Please check if you are accessing or applying for the following services:

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

ODSP (Ontario Disability Support Program) **HRDC** (Human Resources Development Canada)

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 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.)

I, _____ have read the above Statement of Confidentiality and I
(LAST NAME) (FIRST NAME) understand its terms and conditions.

(SIGNATURE)

(DATE – MM/DD/YYYY)

-CONSENT to COLLECT and RELEASE INFORMATION-

I, _____ of _____
(LAST NAME) (FIRST NAME) (ADDRESS)

hereby give permission to Disability Services and/or 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. I consent to the release of my personal information

- to any of my professors, instructors, tutors or teachers who need the information to determine or provide an accommodation or accommodations to me,
- to any employee of the College who needs the information to determine or provide an accommodation or accommodations to me,
- to any third party retained by the College who needs the information to provide services or to determine or provide an accommodation or accommodations to me.

(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>