



Application can be emailed to cernst@ilns.ca or dropped off at the ILNS office at L151-7071 Bayers Road, Halifax, NS. For further information, please call 902.453.0004

The COMM ACCESS Program

Applicant Information

Full name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit

City Province Postal Code

Phone: _____ Email: _____

Are you a citizen of Canada? ☐ YES ☐ NO

If no, are you authorized to work in Canada? ☐ YES ☐ NO

Have you ever been convicted of a felony? ☐ YES ☐ NO

If yes, explain: _____

Do you self-identify as a person with a disability? ☐ YES ☐ NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____

Position: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____

Position: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____

Position: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Other Involvement

Please list any community or government programs or services you are involved with: _____

Program-Related

How did you hear about the COMM ACCESS Program? _____

What interests you about the COMM ACCESS Program? _____

What would be your end goal after completing the COMM ACCESS Program? _____

Do you have a transition plan? ☐ YES ☐ NO

Accommodation

Do you require any type of accommodation for school-based learning? ☐ YES ☐ NO

If yes, what type of accommodation do you require for school-based learning? _____

Do you require any type of accommodation for work? ☐ YES ☐ NO

If yes, what type of accommodation do you require for work? _____

What do you think are your barriers, if any, from accessing employment? _____

Disability Tax Credit (DTC) and Registered Disability Savings Plan (RDSP)

Do you qualify for the Disability Tax Credit (DTC) and have a Registered Disability Savings Plan (RDSP)?

- ☐ I qualify for the DTC and also have an RDSP.
- ☐ I qualify for the DTC, but do not have an RDSP.
- ☐ I am currently applying for the DTC but have to wait to see if I qualify for it.
- ☐ I have not applied for the DTC and I do not have an RDSP.

Transportation

Do you have access to reliable transportation within the Halifax Regional Municipality (HRM) or do you have a transportation plan?

- ☐ Yes, I have access to reliable transportation or a transportation plan.
- ☐ No, I do not have access to reliable transportation or a transportation plan.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date: _____

Referring Agency (if applicable): _____

Case Manager (if applicable): _____