

Saskatchewan Ministry of Advanced Education, Employment and Labour Special Needs Program Unit 12th Floor, 1945 Hamilton Street Regina, Saskatchewan S4P 2C8 (306) 787-5602 FAX: (306)787-7182

Application for EAPD Disability Supports

Disability supports are provided by the Province of Saskatchewan and the Government of Canada under the provisions of the Employability Assistance for People with Disabilities Agreement.

Applicants should be 18 years of age or older who, because of a disability, require extraordinary supports to prepare for, secure, and/or maintain employment

Please complete and submit three (3) copies of this application, including all supporting documentation.

All information submitted will be kept confidential.

APPLICANT INFORMATION	N				
Surname	First Name	9	Initial Birthda		Year / Month / Day
Mailing Address (Street)		City	Prov.	Postal	Code
.		T= · · · ·			
Social Insurance Number	Sask. Health Number	Telephone Number	Marital Status	NU	umber of Dependants
Disability					
Disability					
Applying Agency					
Address				Postal C	Code
Counselor			Ţ	elephone	

SOCIAL HISTORY	

ast Grade Completed	Year Completed	Institution Name / Location	Sponsor
Certificate / Diploma			

Position	Star	Start Date		Date	Place of Employment	Sponsor
	YY	MM	YY	MM		

PREVIOUS EMPLOYABILITY MEASURES						
Star YY	t Date MM	End YY	Date MM	Place of Service or Training	Sponsor	
	Star	Start Date	Start Date End	Start Date End Date	Start Date End Date Place of Service or Training	

CAREER GOAL	ESTIMATED TIME TO COMPLETE

INDIVIDUAL ACTION PLAN (SEQUENCE OF SERVICE/TRAINING REQUIRED TO ATTAIN THE CAREER GOAL)
(1)
(2)
(3)
(4)
(5)
(6)

APPLICANT'S COMMENT ON THE CAREER GOAL AND ACTION PLAN

COUNSELOR'S COMMENTS

PROGRAM				
Training Course	Total Training Days	1	Enrollment and Comp	etion Dates
Training Centre	Address		Postal Code	Telephone
	4(c)		Total Funds Requested	Max. Funds Approved
Please itemize service(s) and cos	u(s)			
			Total	Total
Applicant's Signature			Year Mo	onth Day
Counselor's Signature				
	Off	FICE USE ONLY		
Application: A A Special Terms & Condition	pproved as Requested	Approved as An	nended 🛛 🗖 Not Ap	proved
·		EAPD Pr	ogram Manager	
		Year	Month Day	