

**TRANSITIONS, RECREATION AND
LIFE SKILLS DEVELOPMENT
2019 SUMMER PROGRAM APPLICATION**

FOR OFFICE USE ONLY			
<input type="checkbox"/> TRL.APLNW1 - FTF	<input type="checkbox"/> TRL.APLNW3 - FTF	<input type="checkbox"/> TRL.APLNW5 - FTF	<input type="checkbox"/> TRL.APLNW7 - FTF
<input type="checkbox"/> TRL.APLNW2 - NFTF	<input type="checkbox"/> TRL.APLNW4 - NFTF	<input type="checkbox"/> TRL.APLNW6 - NFTF	<input type="checkbox"/> TRL.APLNW8 - NFTF
BOOKING NOTE:			

Please note that submitting an application does not guarantee acceptance. Individuals will be contacted to schedule an appointment for an interview. See summer brochure for details.

PLEASE COMPLETE BOTH SIDES OF FORM

Section A – Application to programs

Check the box to indicate which program you would like to apply for. If you are interested in applying to **more** than one program please note due to the high number of applications received we may only be able to offer one group. **Please indicate choice 1, 2, 3 in the box beside the group name below.**

Programs for children ages 7-14	Programs for youth ages 15-18 (up to 21 if still in high school)
<input type="checkbox"/> Fun with Friends <input type="checkbox"/> Busy Bodies <input type="checkbox"/> Camp Connection <input type="checkbox"/> Access Boom Sailing	<input type="checkbox"/> Making it Happen <input type="checkbox"/> Access Boom Sailing <input type="checkbox"/> Summer in the City <input type="checkbox"/> Turning Point <input type="checkbox"/> Youth@Work <input type="checkbox"/> The Independence Program (TIP) <input type="checkbox"/> Other Volunteer or Employment Options

Has applicant participated in one of our programs before? No Yes
If **yes**, please write the name(s) of the program(s):

Section B – General applicant information

Last name:	First name:
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Address (#, Street, Unit #):

City/Town:	Province:	Postal Code:
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Gender:	Telephone: Please provide a number we can reach you during the day time or where we can leave a message.	Home # ()
Date of birth: (dd/mm/yy)		Cell # ()
		Work # ()

Client cell phone # (if applicable for ages 15-21): ()

Health Card #:	Version Code:
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Section C – Description of disability/health condition

Please describe applicant's disability/health condition (diagnosis)

Does applicant have any other diagnoses?

- Hearing loss Vision loss
 Learning disability Other (please specify)

Does applicant require 1:1 assistance/supervision to participate in activities? No Yes

If yes, **please explain the type and frequency of support required (please check all that apply):**

- Medical support (eg. administering medications, injections, medical equipment like ventilators, etc.)
 Behavioural support Support for personal care Other (please specify)

Please explain:

Does applicant work with a health professional for any mental health support? No Yes

Attendant care is provided in our group programs. Please note 1:1 support for medical or behavioural is **not provided. If 1:1 support is needed, it is the participant's responsibility to schedule and pay for their own worker. We request 1:1 support be provided by a non-family member. We may contact you to find out more about your support needs related to mental health.*

Section D – Communication

How does applicant communicate?

- Verbally Sign Language
 Alternate method (please specify) Symbol/picture board Other (please specify)

Do you/your child need an interpreter to book and participate in an interview? Yes No

If **yes**, please identify language:

Section E – Applications for Access Boom Sailing only

Weight:

Height:

Section F – Applications for youth (ages 15-18 up to 21 if in high school)

Are you currently in school? Yes No **Is this your last year?** Yes No

Current Grade: **What is the name of your school?**

What stream are you in at school?

- Academic Applied Mix of academic/applied Essential Special education stream

Section G - Verification and signature

I verify that the information provided in this application is complete and accurate to the best of my knowledge.

Applicant signature:

Date (dd/mm/yy):

The personal information you give us on this form helps us provide you with services at Holland Bloorview. We collect, use and share this information under the authority of the Public Hospitals Act. If you have questions, please contact the privacy office at 416-425-6220 ext. 3467 or privacy@hollandbloorview.ca.

**RETURN FORM TO: Holland Bloorview Kids Rehabilitation Hospital
Transitions, Recreation and Life Skills Development
Attention: Heather Keating | 150 Kilgour Road, ON M4G 1R8
Tel: 416.425.6220 x6208 | Fax: 416.422.7037**