

Participant's Name: _____ Date: _____

Address: _____

City: _____ Prov: ON Postal Code: _____

Phone: _____ Date of Birth: _____

In Case of Emergency:

_____ may be contacted at _____.
(name) (phone)

Health Card #: _____

Doctor: _____ Phone: _____

On Medication: Yes No If yes, what type: _____

Allergies: Yes No If yes, what type: _____

Does the individual have problems with: Hearing Speech Sight

Other: _____

NOTE: If available, a copy of the individual's Psychological Assessment must be provided.

To Find & Keep Work, I Need Help With:

- Making a resume
- Searching for a job
- Completing job applications
- Interviewing skills
- On-the-job social skills

Employment Status:

- Not ready to look for work
- Looking for work
- Already working

Comments: _____

I, _____, agree to and provide permission for the photographic, video, and audio recording of myself throughout the ERASE Program offered by the Learning Disabilities Association of Windsor – Essex County.

I accept and agree that the ownership of any recordings will be kept by the Learning Disabilities Association of Windsor – Essex County. I authorize the use or reproduction of any recordings referred to above for any reasonable purpose*. I understand that recordings will only be used for positive public education purposes.

* "Purposes" for photographs, video, and audio recordings includes use or publication in: websites, social media feeds, workshop presentations, television clips, brochures, and magazines for the use of program promotion or program summary.

Signature: _____ Date: _____

I have read the information on the registration form and declare it to be true:

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Is participant an Ontario Works recipient? Yes ___ No ___

If yes, OW Caseworker Name: _____ Number: _____

___ ERASE Amount Paid: \$ _____ Cash ___ Cheque ___ Date: _____

Has the psychological assessment been provided? Yes ___ No ___