

Plank Industries

Woodworking & Packaging

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PLANK INDUSTRIES PARTICIPANT APPLICATION FORM

PERSONAL

FULL NAME: _____ DATE OF BIRTH: _____

PREFERRED FIRST NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NOVA SCOTIA HEALTH CARD NUMBER: _____

S.I.N. NUMBER: _____

NEXT-OF-KIN/GUARDIAN: _____

Address: _____

Telephone Number: Home: _____ Cell: _____

EMERGENCY CONTACT PERSON: _____

Telephone Number: _____

SOCIAL WORKER/CARE COORDINATOR: _____

Address: _____

Telephone Number: _____

MEDICAL

FAMILY PHYSICIAN: _____ **TELEPHONE NO.:** _____

Address: _____

DISABILITY DIAGNOSIS: _____

MEDICATION: _____

KNOWN ALLERGIES: _____

Does the applicant suffer epileptic seizures? YES NO

Frequency: _____

If YES please describe seizure activity and any treatment if necessary: _____

COMMUNICATION SKILLS:

Please indicate the preferred method of communication by the applicant:

a) **Verbal phrases** _____

b) **Sign language** _____

c) **Gestures** _____

d) **Use of PIC book** _____

e) **Conversational speech** _____

RECEPTIVE COMMUNICATION: (Understanding others)

Poor Moderate Good Very Good Excellent

BEHAVIOUR:

Please describe in detail any behavioural concerns and effective reinforces pertaining to displayed behaviors: _____

SELF CARE

	YES	WITH ASSISTANCE	NO
a) Dresses self – coat, tie shoes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Maintains personal hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Capable of attending to own toileting (Including menstrual care if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Eats independently with acceptable manners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Attends to own meal preparation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INDEPENDENT SKILLS:

	YES	WITH ASSISTANCE	NO
a) Capable of carrying out and completing tasks without supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Capable of using telephone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Knows money concepts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Able to operate kitchen appliances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Capable of serving general public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any Independent Skills that you would like to see the applicant receive further training?

HEALTH:

a) Indicate if there is a risk for choking: (circle) Low Moderate High

If High or Moderate, please explain:

b) Does applicant have special dietary needs we should be aware of?

	YES	WITH ASSISTANCE	NO
c) Takes own medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Reports symptoms of illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Understands basic sexual knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSPORTATION:

	YES	WITH ASSISTANCE	NO
a) Knows address and phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Travels alone locally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Understands pedestrian and traffic regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Knows how to utilize public transport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL/RECREATIONAL

	YES	WITH ASSISTANCE	NO
a) Participates in group activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Initiates own leisure activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Copes with emotional demands of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Interacts socially with peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Understands employer/employee relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEMPERAMENT: (if applicable check more than one)

Quiet Aggressive Moody Sensitive Nervous
High Strung Happy Average Other

Please comment: _____

Are there activities that the applicant should not participate in? YES NO

Please describe: _____

ATTITUDE ABOUT DISABILITY:

Accepting Does not accept Dependant
Independent Does not understand

Describe any habits or fears: _____

ACADEMIC SKILL LEVEL

Briefly summarize the applicant's skills in the following:

- a) Reading _____

- b) Writing _____

- c) Arithmetic _____

- d) Telling time _____

EDUCATIONAL/VOCATIONAL EXPERIENCE

Please provide brief but accurate information where applicable. Examples of information required would be the applicant's skill level, amount of assistance or supervision required.

Previous Work Placements: _____

Involvement in any skills training program or Vocational Work place: _____

Previous experience in operating machinery: _____

Involvement in educational programs including school attendance to date: _____

What difficulties (if any) did the applicant experience during his/her participation in the program?

Does the applicant have a sound knowledge of personal safety when employed in a work setting? YES NO

Please give details why the applicant is applying to this worksite and what his/her expectations are.

Applicant's Signature

Application Completed By

Relationship to Applicant

Date

(Revised July 14, 2017)

For Plank Industry use only - Received Date: _____