

# Plank Industries

## Woodworking & Packaging

Civic address: 5687 Hwy #1  
Cambridge, NS B0P 1G0  
Mailing address: PO Box 128  
Waterville, NS B0P 1V0

Phone: 902-375-3133  
Web: [www.plankindustries.ca](http://www.plankindustries.ca)  
Email: plankindustries@krrc.ns.ca



### 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER IMPORTANT MEDICAL INFORMATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 reinforcers pertaining to displayed behaviours: \_\_\_\_\_

---

---

**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:**

	<b>YES</b>	<b>WITH ASSISTANCE</b>	<b>NO</b>
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?

---

---

	<b>YES</b>	<b>WITH ASSISTANCE</b>	<b>NO</b>
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:**

	<b>YES</b>	<b>WITH ASSISTANCE</b>	<b>NO</b>
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:**

	<b>YES</b>	<b>WITH ASSISTANCE</b>	<b>NO</b>
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 May 4, 2022)

For Plank Industry use only - Received Date: \_\_\_\_\_