

Atlantic Centre Application Form

Please read carefully before proceeding:

Please complete the following application if you wish to receive services through the Atlantic Centre. Your application will be processed based on the date received and our ability to provide the supports requested. **Documentation of a disability must be provided.** Some applicants may not be eligible for support services.

Last Name: _____ First Name: _____

Date of Birth: _____ Email: _____

Local Address

Street: _____

City: _____

Province: *Nova Scotia*

Postal Code: _____

Phone: _____

Cell: _____

Permanent Address

Street: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Preferred Method of Contact: Email Phone Cell

Program: Bachelor of Arts Bachelor of Commerce Bachelor of Science

Other **Please specify:** _____

Student Number (if known): **A** _____

Are you visiting from another institution? Yes No

If yes, which institution? _____

Anticipated start date: _____

High School Attended: _____

Year of graduation: _____

OVER----->

Disability Information:

ADD/ADHD

Chronic Illnesses/Syndromes (Fibromyalgia, Crohn's Disease, Lupus, etc.)

Please specify: _____

Hearing Impairment

Learning Disability

Neurological Disability (Cerebral Palsy, Epilepsy, Multiple Sclerosis, Brain Tumor, Stroke, Traumatic Brain Injury, etc.)

Please specify: _____

Other Diagnosed Disabilities (Developmental Disability, Intellectual, Autism Spectrum Disorder, FAS, etc.)

Please specify: _____

Physical Disability (Arthritis, Spinal Cord Injury, Spina Bifida, Back Injury, etc.)

Please specify: _____

Psychiatric Disability (Mental Health Consumer)

Visual Impairment

Do you have documentation of your disability? Yes No

Documentation enclosed

Documentation to follow

Please check supports and accommodations that you have used in the past and found helpful:

Extended time for tests and exams

Editing/Proofreading support

Exams in a quiet, separate space

Use of a scribe and/or reader

Note taker

Taped or scanned texts and materials

Tutoring

Resource Support

Other (please specify):

Signature: _____ Date: _____