Application Form for REES Services

Reaching E-Quality Employment Services (REES) has helped people with physical disabilities and/or health conditions gain quality employment since 1989. We offer a wide range of employment counselling and consultation services, connecting Winnipeg job-hunters with exceptional employers.

Personal Information: PLEASE PRINT
Have you used REES services before?
Are you currently using services of another agency, community service or resource?
Agency Name/Worker Information:
For how long? How often?
What is the nature of your disability?
Is the primary barrier to employment mental health? ☐ Yes ☐ No
What accommodations would be required?
Do you require and special aids? Yes No If YES, please describe:
Do you have a valid driver's license? ☐ Yes ☐ No Class:
What is your means of reliable transportation to work? ☐ Bus ☐ Car ☐ Handi-Transit Other:
Do you have reliable childcare? ☐ Yes ☐ No ☐ Not applicable
Do you have a criminal record? ☐ Yes ☐ No Any pending charges? ☐ Yes ☐ No ☐ Not Applicable
If <u>YES</u> , What for?
Do you have a Learning Disability? ☐ Yes ☐ No If YES , please describe how it affects you?
Do you have a Learning Disability: The Tes Thom It affects you:
Have you ever had or been diagnosed with a brain injury or a head injury (trauma)? ☐ Yes ☐ No
If YES , please describe how it affects you:

	you ever had an accident that resulted in a loss of consciousness? Yes No please describe:
	you ever experienced a seizure? ☐ Yes ☐ No
If <u>YES</u>	, please describe your management plan:
Do yo	u have any allergies? ☐ Yes ☐ No Are they life threatening? ☐ Yes ☐ No
Do yo	u carry an Epi-Pen? Yes No Have you ever experienced Anaphylaxis? Yes No
Please	e list any Allergies:
	d you be interested in continuing your education? Yes No Maybe please indicate areas of interest:
Please	e indicate your work history – starting with the most recent:
1.	
1.	Employer: End date: End date:
	Position held:
	Duties:
	Reason for leaving:
2.	Employer:
	Start date: End date:
	Position held:
	Duties:
	Provide facilities
2	Reason for leaving:
3.	Employer:
	Start date: End date:
	Position held:
	Duties:
	Reason for leaving:

Please	indicate any volunteer work h	istory – starting with the most recent:
1.	Employer:	
	Start date:	End date:
	Position held:	
	Duties:	
	Reason for leaving:	
2.	Employer:	
	Start date:	End date:
	Position held:	
	Duties:	
	<u> </u>	
	Reason for leaving:	
Please	list the top 3 jobs you would	
	,	V MI MI M
How di	id you hear about REES? 🗆 Co	ounselor □ Friend/Family □ Internet/Website □ Newspaper/TV
□ Othe	er (include agency names):	
Print N		
Printin	ame:	
Signatu	ıre:	
Date:		

Reaching E-Quality Employment Services (REES) is committed to protecting your privacy. We will only use your name and address to inform you of REES' events and activities. We do **not** sell, trade or barter our mailing lists. Please contact 204-832-7337 ext. 221 if you no longer wish to be contacted in any way.

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305-1200 Portage Ave. Winnipeg, MB. R3G 0T5 PH: 204 - 832 - 7337

FAX: 204 - 947 - 2932

CODE OF CONDUCT

Reaching E-Quality Employment Services (REES) is a non-profit, community-based service which promotes and facilitates the employment of people with physical disabilities and/or health conditions. There is no charge for the services offered and participants make a choice regarding whether or not to use the services.

If participants choose to use the services, they are also making a choice to conduct themselves in a positive, respectful manner while at REES and can expect that staff and volunteers will conduct themselves in a similar manner.

The following Code of Conduct is expected of all REES participants. If a participant's behavior does not reflect the Code of Conduct, his/her eligibility for services will be reviewed and may be suspended or revoked.

- 1. Show respect for fellow REES participants, employers, staff and property associated with REES.
- 2. Be honest and courteous in all communication.

I agree to follow the Code of Conduct noted above.

- 3. Be willing to address any barriers to employment identified by participant and/or employment counsellor.
- 4. Participate actively in developing and revising employment related goals and following through with the steps required to reach the goals.

Date: ______

Name: ______(Please Print)

Signature: ______



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RELEASE OF INFORMATION FORM

I hereby authorize Reaching E-Quality Employment Services to access information from third parties (such as community agencies and service providers, government departments, training institutions, former employers, medical practitioners, etc.) and to obtain information as necessary for my benefit in my employment search. I further authorize Reaching E-Quality Employment Services to provide relevant information to third party organizations and employers as deemed necessary for my benefit in my employment search.

I hereby also authorize representatives of Community Partnerships, Skills and Employment Partnerships, Manitoba Education and Training to access personal information in my file for the purpose of evaluating Reaching E-Quality Employment Services' success in assisting participants to obtain and keep employment.

If applicable, I also hereby authorize Reaching E-Quality Employment Services to release information related to my attendance and progress, with my EIA or CPPD case coordinator/counsellor.

Under the provision of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act, individuals have the right to protection of and access to their personal information.

Dated at Winnipeg Manitoba this day of, 20,
Participant's Signature:
Witness:

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