the Ontario Developmental Services Career Connections Grant

Investing In Tomorrow's Developmental Services Professionals

Application for Career Connections Grant

Please return signed copies to:

Career Connections Grant Administrator
Northeast Mental Health Centre
680 Kirkwood Dr.
Sudbury ON P3E 1X3
Tel: (705) 675-9193 ext. 8411
Fax: (705) 670-3152
Toll Free: 1-866-989-9299
Email: info@dsgrant.on.ca

Clear Form | Print Form

Personal Information

Surname	**Given name**		☐ **I am legally entitled to live and work in Canada**
Permanent Address	**City/Town**		**Telephone Number**
	Province	**Postal Code**	**Email**
Mailing Address (if different)	**City/Town**		**Date of Birth (mm / dd / yy)**
	Province	**Postal Code**	**Gender** ☐ Male ☐ Female

Education Information

College/University	**Program**	
Placement Agency	**Placement Location**	
Term of Placement (mm / dd / yy) From:	To:	**Total Number of Hours of Placement**
Travel Required ☐ Yes ☐ No	**One-Time Round Trip (km)**	**Value of other Grants and/or Awards**

Notice with Respect to the Collection of Personal Information (*Freedom of Information and Protection of Privacy Act)*
Collection by the Ministry of Community and Social Services of personal information contained in this application or in any files pertaining to the Ontario Developmental Services Career Connections Grant is by authority of the *Developmental Services Act*. R.S.O. 1990, Chapter D.11, for the purpose of evaluating the Ontario Developmental Services Career Connections Grant. For further information, please contact the Office Manager at (705) 564-8153 Ext. 378.

Consent
I consent to the collection of my personal information contained hereon for the purpose of assessing, verifying and monitoring eligibility for payment of a grant, and to the disclosure of my personal information, contained in this application or in any files pertaining to the Ontario Developmental Services Career Connections Grant held by the administrator of the Grant, to the Ministry of Community and Social Services for the purpose of evaluating the Grant and agree to cooperate fully with the Ministry or its agents in any evaluation of the Grant. Furthermore, I consent to the disclosure of information contained in this application to any person or institution, including post-secondary educational institutions and the Ontario Association on Developmental Disabilities (OADD), for the purpose of verifying the information contained in this application, and to the provision by any person or institution, including post-secondary educational institutions and the Ontario Association on Developmental Disabilities (OADD), of any document or information to the administrator of the Program for the purpose of verifying information contained in this application or assessing and monitoring eligibility for a grant or compliance with the associated funding agreement.

Please Note: *The program administrator retains the right to accept or refuse the application of any applicant under this program. Provision of false or misleading information will invalidate the application.*

I, _____, the undersigned, do hereby apply to the administrator of the Ontario Developmental Services Career Connections Grant for a grant in accordance with the program guidelines and other applicable guidelines and directives.

The following documents are also required:

- *Copy of the letter confirming admission into an approved program of study;*
- *Copy of transcript;*
- *Statement of interest; and*
- *Résumé.*

Signature	Date

This will confirm that the above applicant is scheduled to complete a practicum placement with the Specialized Service Provider Agency indicated where he/she will provide specialized supports to adults with a developmental disability.

Signature of Placement Coordinator	Title	Date