SELF-DISCLOSURE FORM

For Competition Participants with Permanent Disabilities

"Permanent disability" means a limitation caused by a physical, mental, or learning impairment that restricts the ability of a person to participate in the Nova Scotia Skills Competition or the labour force. This limitation is expected to remain with the person for life.

SECTION A: *(Participant must complete)*

Personal Information		
Last Name:	**First Name:**	**Home Phone:**
Address:		**Postal Code:**
Disability: ***Please specify below and check the appropriate box in the next section:*** _____	☐ Physical Disability ☐ Hearing Impairment ☐ Visual Impairment ☐ Psychiatric Disability	☐ Learning Disability ☐ ADD/ ADHD ☐ Neurological Disability ☐ Other Diagnosed Disability

SECTION B: *(Participant must complete and sign below)*

Participants Declaration of Limitations and Restrictions

A) Please explain any restrictions and/or barriers you may face when participating in the Skills Canada~Nova Scotia Skills Competition.

B) Are there any accommodations you require? Please describe.

Participant Signature _____ **Date** _____

*********By signing this document I certify that all of the information contained is true.*********