



DISABILITY ASSESSMENT COVER PAGE

DISABILITY DEFINITION

For the purpose of the Nunavut Study Grant for Students with Permanent Disabilities, “permanent disability” means a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate in studies at a post-secondary level and that is expected to remain with the person for the person’s life.

STUDENT INSTRUCTIONS

- If you are requesting the Nunavut Study Grant for Students with Disabilities, this form is to be completed by a certifying medical professional.
- Complete Section A then forward the form to your certifying medical professional for completion of Sections B and C
- Upon completing this form, the certifying medical professional should return the form to you.
- Any fees charged by your certifying medical professional in completing this form are your responsibility and will not be reimbursed by the Department of Education.
- Send your completed form to:
 - FANS@gov.nu.ca (Inuit enrolled under Nunavut Agreement)
 - FANSLoans@gov.nu.ca (Students not enrolled under Nunavut Agreement)

CERTIFYING MEDICAL PROFESSIONAL INSTRUCTIONS

- Complete Sections B and C and return the form to the student.
- Any fees charged for the completion of this form are the responsibility of the student and will not be reimbursed by the Department of Education.
- The Nunavut Study Grant helps with the education-related costs for a permanent disability that restricts a student from fully participating in postsecondary studies. This grant may be used to cover exceptional educational expenses such as the cost of a tutor, an interpreter (oral or sign), note-taker, attendant care or special equipment.



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 Department of Education
 Ilinniaqtuliyiqitkut
 Ministère de l'Éducation

Financial Assistance for Nunavut Students

DISABILITY ASSESSMENT FORM

Submit your completed application to:

FANS@gov.nu.ca (for Nunavut Inuit enrolled under Nunavut Agreement)

FANSLoans@gov.nu.ca (for students not enrolled under the Nunavut Agreement)

A - TO BE COMPLETED BY STUDENT			
Last Name		First Name	
Middle Name(s)		Previous Last Name(s)	
Permanent Address (Your T4A for Income Tax will be sent to this Address)			
Current Mailing Address			
Community	Territory/Province		Postal Code
Phone		Email Address	
Social Insurance Number	Health Card Number		Date of Birth (yy-mm-dd)
<p>I consent to the release of information from the certifying professional to the Financial Assistance for Nunavut Students program, Department of Education, Government of Nunavut. I understand that this information will be used to determine my eligibility for the Nunavut Study Grant for Students with Disabilities.</p>			
Student's Signature _____		Date (yy-mm-dd) _____	

B - TO BE COMPLETED FULLY BY THE CERTIFYING MEDICAL PROFESSIONAL	
Name of Certifying Medical Professional	Office Stamp
Mailing Address of Certifying Medical Professional	
Phone	
Fax	



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DISABILITY ASSESSMENT FORM

C - TO BE COMPLETED FULLY BY THE CERTIFYING MEDICAL PROFESSIONAL

What type of disability does the person have?

What is the diagnosis?

Date of diagnosis? (yy-mm-dd)	This disability is:	Temporary	Permanent
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Does the disability result in a functional limitation that restricts the ability of a person to perform daily activities necessary to participate fully in studies at a post-secondary level?	Yes	No
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Can this person study at the regular course load of 60% of a 100% full course load?	Yes	No
If no, do you suggest they study at a reduced level of 40% of a 100% full course load?	Yes	No

Identify all of the applicant's disability related education barriers and how it prevents the applicant from fully participating in postsecondary studies:

Does the student require any extra educational aids related to their disability?	Yes	No
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If YES, describe the nature of the equipment (see front page for instructions):

I certify that the information provided on this form is accurate and the student listed above experiences the disability related education barriers indicated.

Signature of Certifying Medical Professional	Date (yy-mm-dd)
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