



NWT HEALTH & SOCIAL SERVICES SYSTEM BURSARY PROGRAM Disability Assessment Form

The Northwest Territories Health and Social Services System Bursary Program (Bursary Program) is a bursary program available to Northwest Territories students pursuing an education in a health and social services related field, including allied health, midwifery, nursing, social services, and medical professions.

Declaring a disability may influence two aspects of your application – what % courseload is required to be considered full-time, and your priority status.

- Applicants with a permanent disability will be considered a full-time student if they take 40% or more of a 100% course load. Applicants without a permanent disability will be considered a full-time student if they take 60% or more of a 100% course load.
- In the case of a high volume of applications received, applications will be prioritized. One criterion used to prioritize applications is priority status of the applicant under the GNWT Affirmative Action Policy. Disabled residents are one of the priority statuses.

For the purposes of this Bursary, “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.

Applicant Instructions

1. If you are applying for the Bursary and wish to receive priority consideration and modified requirements as outlined in the Bursary Guidelines, this form is to be completed by a certifying medical professional.
2. Complete Section 1 of the form and then forward the form to your certifying medical professional for completion of Section 2.
3. Upon completing this form, the certifying medical professional should return the form to you.
4. Any fees charged by your certifying medical professional in completing this form are your responsibility and will not be reimbursed by the Northwest Territories Health and Social Services Authority.

Certifying Medical Professional Instructions

1. Please complete Section 2 of this form.
2. Upon completion of this form, return to the applicant or address below.
3. Any fees charged for the completion of this form are the responsibility of the applicant and will not be reimbursed by the Northwest Territories Health and Social Services Authority.

Contact / Mailing Information

NWT HSS Bursary Program
Talent and Organizational Development
Northwest Territories Health and Social Services Authority
Government of the Northwest Territories
2nd Floor Lahm Ridge Tower
4501 50 Avenue
P.O. Box 1320
Yellowknife, NT, X1A 2L9

Phone | Tél.: 867.767.9105
NWTHSS_Bursary@gov.nt.ca



The information in this form is being collected in support of your application to the HSS Bursary Program. It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act (ATIPPA) and the Health Information Act (HIA). If you have any questions about collection or use of the information, please contact the Manager, Talent Acquisition at (867) 767-9105 ext. 40183.

1. Applicant Information

First Name:		Last Name(s):	
Mailing Address:			
Community:	Territory / Province:	Postal Code:	
Cell / Phone Number:	Email Address:		
<p>I consent to the collection of my personal information and personal health information for the purposes of my application to the Bursary Program. I also consent to the release of my personal information and personal health information from the certifying medical professional to the NWT Health and Social Services Bursary Program, Talent and Organizational Development Division, Northwest Territories Health and Social Services Authority. I understand that this information will be used to confirm the % of full-time studies I will need to complete to be considered a full-time student and may be used to give me priority consideration for a Bursary.</p>			
Applicant Signature:			
Applicant Name (Printed):			Date:

2. To be completed fully by Certifying Medical Professional

Mailing Address:			
Community:	Territory / Province:	Postal Code:	
Cell / Phone Number:	Email Address:		
<p>The applicant has disability that restricts the ability of a student to perform daily activities necessary to participate fully in studies at a post secondary level?</p> <p style="text-align: right;">Yes</p> <p style="text-align: right;">No</p>			
Date of diagnosis:	The disability is:		If temporary, the reassessment date is:
	Permanent		
	Temporary		
I certify that the information provided on this form is accurate to the best of my knowledge.			
Certifying Medical Professional Signature:			Title:
Certifying Medical Professional Name (Printed):			Date:



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