

Employability Assistance for People with Disabilities (EAPD)

Individualized Vocational Plan

Participant's Name:		Birth Date:			
Vocational Counsellor:		Region:			
V.T.#:	ocational Plan #:	Amendment #:			
Purpose for completing this form √ Check all that apply	ı				
☐ Recording of Vocational Plan not requiring EAPD funding.					
☐ Recording of Vocational Plan involving projected funding from EAPD.					
☐ Plan seeking Educational Funding Support.					
\Box Update of a previously funded plan when there has been no funding required or approved during the last 12 months.					
\square Update to vocational goal or plan that may significantly change future funding requests.					
Vocational or employment goal: (not mandatory for assessments or first month of work training)					
Plan for achieving vocational goal:					
Factors impacting achievement of vocational or employment goals:					

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Action Steps the participant plans to undertake towards addressing the factors which will impact on achieving the vocational goal including financial resources for non EAPD funded expenses or costs:
Amendments/updates:
Action Steps Vocational Counsellor agrees to undertake in support of participant's achievement of his/her vocational goal:
Amendments/updates:
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Common anto for which Individualized EADD Training Eurode many he requested during the time frame of
Components for which Individualized EAPD Training Funds may be requested during the time frame of: to
(maximum 3 years from original/ updated plan. However actual funding is year to year)
Amendments/Updates

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Agreements and understandings:

This plan has been agreed to by the participant and the Vocational Counsellor on behalf of EAPD. Although the above described plan covers a period of up to three years, the proposed <u>funding from EAPD is year to year and is subject to change depending on program policies and available resources</u>.

In order to ensure funding reque	sts are submitted in a timely manner the participant ag	rees to:
1.		
2.		
3.		
4.		
5.		
as outlined in the EAPD Training By signing this agreement the p the: • funding that may be prof • information they need to	Ibmit all requests for funded services that will be proving Fund section of this form. The requests for funded services that will be proving from the section of this form. The required this plan and limitations of the provide to their Vocational Counsellor from time to time to the section of the section	ey have been informed of the funding.
Participant Name	Participant Signature	Date
Vocational Counsellor Name	Vocational Counsellor Signature	Date
Supervisor Name	Supervisor Signature	Date

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