

Request for an Accommodation Form

If you require accommodation in order to attend a local event, please complete the form below. The local will endeavour to make the appropriate arrangements to address the needs of individual members. Medical documentation may be requested.

Member Information	
First Name:	Last Name:
ETFO Number:	School/Worksite:
Phone Number:	Email:
Accommodation	
1. Nature of Request for Accommodation	
___ Medical Condition	(Please provide medical documentation that states your restrictions and limitations. A medical diagnosis is not required.)
___ Religion	(Please provide documentation from a faith leader.)
___ Sex	(This includes: gender identity, pregnancy, and breastfeeding.)
___ Other ground	(Please specify): _____
2. Is the accommodation based on a temporary condition/situation, or permanent?	

3. What duration do you expect you will need this accommodation(s)?	

4. Describe the specific accommodation(s) you are requesting:	

5. Please list the local event/committee(s) for which you are requesting this accommodation and the date/dates of the event/committee(s), etc.	
Local Event/Committee: _____	Date: _____
Local Event/Committee: _____	Date: _____
Local Event/Committee: _____	Date: _____

Any information you provide will be received by the President of the Local. Medical documentation will be maintained in a confidential and secure location. Information will be shared only as necessary to meet the accommodation (e.g., shared with the event organizer to ensure accommodation needs are known and can be met). Please ensure that the request for accommodation is received within a time period where the accommodation request can be reviewed and reasonably responded to. Additional documentation may be requested. Accommodation is based on needs, not preferences.