

Welcome to CAL!

Please fill out this form and an [Academic Accommodation Information Consent form](#) prior to requesting a virtual intake appointment.

If you are unsure how to answer a question on this form, it's ok to leave it blank.


If you don't have medical documentation and wish to have a consult with a CAL Instructor to discuss, please complete this form and the consent form linked above, and email these to us to at accessible@camosun.ca, and let us know you need support to obtain the [required medical documentation](#).

Once you have completed and submitted your pre-intake form you will be contacted by email. We respond to applicants as soon as possible, on a first-come first -served basis. Please note that during peak business times (i.e. August - October), a response may take 5-15 business days.

Your Camosun student ID number if known: **C** _____

PERSONAL INFORMATION	
LEGAL FIRST NAME:	PREFERRED FIRST NAME (if applicable):
LEGAL LAST NAME:	Date of Birth (MM,DD, YYYY):
What pronoun do you use? She/her <input type="checkbox"/> He/him <input type="checkbox"/> They/Them <input type="checkbox"/> Other: _____	GENDER (On government issued ID Card) Female <input type="checkbox"/> Male <input type="checkbox"/> Gender marker X <input type="checkbox"/>

CONTACT INFORMATION		
ADDRESS:	CITY:	PROVINCE:
POSTAL CODE:	PHONE:	
Email you use for College business:		

TERRITORIAL ACKNOWLEDGEMENT
 <p>Camosun College is located in beautiful Victoria, British Columbia with campuses on the Traditional Territories of the Lekwungen and W̱SÁNEĆ peoples. We acknowledge their welcome and graciousness to the students who seek knowledge here.</p>



CENTRE for ACCESSIBLE LEARNING

Pre-Intake Form

Are you currently registered in Camosun courses? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you planning to take an English or Math Assessment? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>
Are you a Trades student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you an international student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a South Island Partnership (SIP) student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you of Indigenous ancestry? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, have you connected with Eyē? Sqâ'lewen? Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Please describe your disability or disabilities. Please include mental health challenges such as anxiety and depression:</p>
<p>How do the disability-related challenges you face affect you in an educational setting?</p>
<p>If you have had academic supports in the past, what has worked well for you? e.g. quiet space for exams, extra time for exams, tutors:</p>

Pre-Intake Form

Do you have long term career/educational goals you can share with us? Do you have a particular area/program of study that you are interested in?

At CAL, your intake experience is important to us. We do our best to create a supportive and positive experience. Is there anything you would like us to be aware of before we book your intake appointment?

Student Acknowledgement and Consent

All prospective student records will be kept on file for one year. Following that timeframe files will be destroyed if you have not registered with CAL. If you have questions or concerns regarding this policy please contact our office.

I understand that I must provide documentation to the Centre for Accessible Learning in order to be considered eligible for registration with CAL. After you have completed and submitted this form our office will contact you about an appointment to complete the application process or discuss alternatives if you do not meet the requirements of registration with CAL.

I understand and agree,

Student signature (you can type your signature if you are not printing and scanning this document)

Current Date:

Please save your form to your device, attach your medical documentation and a completed [Academic Accommodation Information Consent form](#) and email to accessible@camosun.ca

Thank you!