

## EMPLOYMENT INFORMATION

(If you have more than one employer, please copy this form and complete also)

Name of Occupational Therapist \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Site of Employment \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Number and Name or P.O. Box Number \_\_\_\_\_

City, Town, Village \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

**Postal Code reflects Site of Practice**  Yes  No

Job Title: \_\_\_\_\_ Work Telephone: (902) \_\_\_\_\_ Work Fax: (902) \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Supervisor's Telephone: ( ) \_\_\_\_\_

In which Nova Scotia District Health Authority do you **PRIMARILY** work

- Annapolis Valley  Capital / IWK Centre  Cape Breton  Colchester East Hants  Cumberland  
 Guysborough Antigonish Strait  Pictou County  South Shore  South West

### EMPLOYMENT CATEGORY – CHECK ONLY ONE:

- Permanent  Temporary **HOURS:**  Full-time \_\_\_\_\_ Hours per week  
 Self-Employed  Casual  Part-time \_\_\_\_\_ Hours per week

### POSITION – CHECK ONLY ONE:

- Manager  Professional Leader/Coordinator  Direct Service Provider  Educator  Researcher  Other \_\_\_\_\_

### CLIENT AGE RANGE – CHECK ONLY ONE:

- Preschool  School Age  Mixed Pediatrics  Adults  Seniors  Mixed Adults  All Ages  
 Other \_\_\_\_\_

### EMPLOYMENT TYPE – CHECK ONLY ONE:

- General Hospital  Rehabilitation Hospital/Facility  Mental Health Hospital/Facility  Residential Care Facility  
 Assisted Living Residence  Community Health Centre  Visiting Agency/Business  
 Group Professional Practice/Clinic  Solo Professional Practice/Clinic  Post-Secondary Education Institution  
 School or School Board  Association/Government/Para-Government  Industry, Manufacturing and Commercial  
 Other \_\_\_\_\_

### AREA OF PRACTICE – CHECK ONLY ONE:

- Mental Health  Neurological System  Musculoskeletal System  Cardiovascular/Respiratory System  
 Digestive/Metabolic/Endocrine System  General Physical Health  Vocation Rehabilitation  Palliative Care  
 Health Promotion and Wellness  Other areas of Direct Service  Client Service Management  Medical/Legal related Client Service Management  
 Service Administration  Teaching  Research  Other areas of Practice

### FUNDING SOURCE – CHECK ONLY ONE:

- Public/Government  Private Sector/Individual Client  Public/Private Mix  Other funding source

UPDATED IN OFFICE COMPUTER/FILES: \_\_\_\_\_