

COLLEGE OF OCCUPATIONAL THERAPISTS OF NOVA SCOTIA
6960 Mumford Road, Suite 2132B, Halifax, NS B3L 4P1

EMPLOYMENT INFORMATION

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

Name of Occupational Therapist _____

If Applicable, Previous Employer: _____

Last Day worked at this employer: _____

If you have more than one employer, is this change your primary or Secondary or third employer

Name of Present Employer: _____ Site of Employment _____

Mailing Address: _____

Street Number and Name or P.O. Box Number

City, Town, Village

Province

Postal Code

First Day worked at this employer: _____

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** 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 (0-4) School Age (5-17) Mixed Pediatrics (1-17) Adults (16-64) Seniors (65+) Mixed Adults (18-65+) All Ages

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

Office Only: UPDATED IN OFFICE COMPUTER/FILES: _____