

EMPLOYMENT – SECONDARY

Name of Employer: _____

Mailing Address: _____

Street Number and Name or P.O. Box Number

City, Town, Village

Province

Postal Code

Work Telephone: (902) _____

Work Fax: (902) _____

Job Title: _____

Immediate Supervisor: _____ Supervisor's Telephone: () _____

GEOGRAPHIC REGION in which you work in Nova Scotia:

Northern

Central

Western

Eastern

STATUS:

CATEGORY -Must check one only

- Permanent
- Temporary
- On-Leave - Return Date: _____
- Self-Employed

HOURS -Must check one only

- Full-time
- Part-time _____ Approximate Hours per week
- Casual _____ Approximate Hours per week

ROLE:

- Direct/Indirect Client Contact
- Administration
- Teaching
- Equipment/Material Sales
- Consulting
- Research
- Other _____

WHICH BEST DESCRIBES YOUR CLIENTS:

- Paedatric
- Adult
- Geriatric
- All Ages
- Other _____

WHICH BEST DESCRIBES YOUR PLACE OF EMPLOYMENT:

- General Hospital
- General Mental Health Centre
- Paediatric Hospital/Facility
- Rehabilitation Centre
- Long Term Care Facility
- Private Practice/Clinic
- Community Agency/Program
- University/Educational Institution
- Government
- Professional/Health Association
- School System/Board of Education
- Industry
- Other