Access Services – Dawson Creek Campus
11401 - 8th Street Dawson Creek, B.C. V1G 4G2
Ph: 250-782-5251 | Cell: 250 784 5450
Email: accessservices@nlc.bc.ca | Fax: 250-782-5233

Access Services Intake Form

Last Name _____ First Name _____ Student Number _____ Date _____

Home Phone _____ Cell Phone _____ Email _____

Address while at school _____ Home Address (if different from address at school) _____

Date of Birth _____ Gender ☐ M ☐ F ☐ Trans ☐ Other ☐ Prefer Not to Answer

Program enrolled in _____ Campus _____ Program Start _____ Current Semester _____

Enrollment Status: ☐ Full-Time ☐ Part-Time ☐ Online courses only ☐ International ☐ Indigenous

How did you find out about Access Services? _____

Disability (check all that apply)

☐ ADD or ADHD
☐ Autism Spectrum Disorder
☐ Brain Injury
☐ Mild Intellectual Disability (MID)
☐ Learning Disability
☐ Medical/Physical Condition
☐ Mental Health/Psychiatric Condition
☐ Not sure
☐ Mobility Impairment
☐ Vision Impairment
☐ Deaf/Hard-of-Hearing
☐ Other (please describe):

Are you taking any medication? ☐ Yes ☐ No

Have you ever been hospitalized? ☐ Yes ☐ No

Have you ever had any serious injuries? ☐ Yes ☐ No

Please list any serious health conditions that you have not already mentioned, including:

☐ Allergic reactions
☐ Asthma
☐ Seizures
☐ Other (please describe) _____

If you have received previous accommodations for a disability, please note them here.

What accomodations and services do you plan to use while studying at Northern Lights College?

I understand that my disclosure will be used in a professional manner and will be kept confidential by all parties as governed by the BC Freedom of Information and Protection of Privacy Act.

☐ I acknowledge that I am signing this document electronically. I agree that my electronic signature is the equivalent of my handwritten signature on this document.

Student's Signature _____ Date _____