

CAPACITY ASSESSMENT TRAINING APPLICATION

Please print clearly and include all information:

PART 1

Last Name	First Name	
Applicant's Mailing Address (address where you would like correspondence mailed to)		
Email Address		
City	Province	Postal Code
Telephone (Work)	Alternate Phone Number	

Please indicate which college you belong to:

<input type="checkbox"/> Alberta College of Occupational Therapists	<input type="checkbox"/> The College and Association of Registered Nurses of Alberta
<input type="checkbox"/> Alberta College of Social Workers	<input type="checkbox"/> College of Registered Psychiatric Nurses of Alberta

Please provide the following information:

Are you a member in good standing with the college of your profession?	
Current Occupation:	
Employer:	
Employer Address:	
Is it your intention to:	
Complete the above assessments as part of your employment responsibilities?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Complete the above assessments as part of a private practice?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Complete the above assessments under both?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer Support: has your employer agreed to support your intention to participate in this program, as well as agreed to allow you to complete AGTA Capacity Assessments as part of your employment? (a letter of support from your employer must be included) please explain:	

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Private Practice: if you intend to complete assessments as part of a private practice, please give a brief explanation of what your practice would look like:

PART 2

Please refer to the following websites for the AGTA Act and Regulations in order to provide a brief answer to the legislation questions below. Your answers will provide the instructors with an indication of your understanding of the AGTA and the capacity assessment process and will assist with the screening and approval of applications.

<http://humanservices.alberta.ca/guardianship-trusteeship.html>

<http://humanservices.alberta.ca/guardianship-trusteeship/legislation.html>

1. Give a brief explanation of your interest in the capacity assessment process and what your current level of involvement/experience is in this work.

2. Describe the four guiding principles outlined in the AGTA, in your own words.

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3. List the first 4 decision-making options in the AGTA (i.e. Divisions 1-4) and **briefly** (a few sentences) describe the conditions under which each option would be applied (i.e. the general purpose of each option, and/or conditions under which the court would make this order).

Applicant Signature:

Date: