

**ACCOMMODATION REQUEST FORM**

*Individuals making a request for accommodation to the Insurance Councils of Saskatchewan (“Accommodation Applicants”) must complete and submit this form, along with any supporting documentation. Accommodation Applicants who require assistance filling out this form may contact ICS at (306) 347 – 0862. Upon request, ICS will also consider alternative methods of receiving a request for accommodation.*

**SECTION 1 ACCOMMODATION APPLICANT’S DECLARATION**

Please confirm you have fully read and agree to the below certification:
<input type="checkbox"/> I understand that the Insurance Councils of Saskatchewan will consider accommodation requests in accordance with <i>The Saskatchewan Human Rights Code, 2018</i> , and internal policies, and reserve the right to determine when and where any accommodation(s) will be offered.

**SECTION 2A ACCOMMODATION APPLICANT’S INFORMATION – EXISTING LICENSEES OR INDIVIDUALS WITH AN APPLICATION NUMBER**

Please fill this subsection out if you are an existing licensee of ICS or you have an application number. ICS will use the existing e-mail address on file for you for correspondence related to this request. If you are unsure which e-mail address is on file, contact us at <a href="mailto:info@skcouncil.sk.ca">info@skcouncil.sk.ca</a> or (306) 347-0862.
Legal First Name:
Legal Middle Name(s):
Legal Last Name:
Licence or Application Number:

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**SECTION 2B ACCOMMODATION APPLICANT'S INFORMATION – INDIVIDUALS WHO ARE NOT LICENSEES/DO NOT HAVE AN APPLICATION NUMBER**

Only complete this section if subsection 2A does not apply, i.e. you are an individual that is not a licensee/you do not have an application number.	
Legal First Name:	
Legal Middle Name(s):	
Legal Last Name:	
Mailing Address:	
City:	Telephone number:
Province:	
Postal Code:	
Email:	

**SECTION 3 TYPE(S) OF ACCOMMODATION REQUESTED**

Please identify the type(s) of accommodation requested.
<input type="checkbox"/> <b>Accommodation related to Prohibited Ground(s) as defined in <i>The Saskatchewan Human Rights Code, 2018</i>.</b>  Please identify the Prohibited Ground(s) that give(s) rise to the barrier(s) that you are asking ICS to accommodate. <ul style="list-style-type: none"> <li><input type="checkbox"/> Disability (Note: this does not include conditions that are temporary and treatable, such as a broken bone. These would fall under accommodations related to a medical condition of the Accommodation Applicant, below).</li> <li><input type="checkbox"/> Colour</li> <li><input type="checkbox"/> Religion</li> <li><input type="checkbox"/> Other Prohibited Ground(s) as defined in <i>The Saskatchewan Human Rights Code, 2018</i>. (i.e. creed, marital status, family status, sex, sexual orientation, age, ancestry, nationality, place of origin, race or perceived race, receipt of public assistance, and gender identity). Please indicate which Prohibited Ground(s): _____</li> </ul>

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**Accommodation related to a medical condition of the Accommodation Applicant, such as illness or other temporary and treatable conditions such as broken bones.**

Please indicate estimated date of recovery (if known): \_\_\_\_\_

**Accommodation related to other circumstances that are not related to an Accommodation Applicant's barrier based on Prohibited Ground(s) or medical condition. This includes a family member's medical condition or other extenuating circumstances impacting an Accommodation Applicant.**

If related to a family member's medical condition, please indicate estimated date of recovery (if known): \_\_\_\_\_

**SECTION 4 DESCRIPTION OF ACCOMMODATION(S) REQUESTED**

The request is related to:

A Licence Application

Licence Type: \_\_\_\_\_

Maintaining a Licence

Provide a brief explanation (for example, related to an audit, reporting requirement, etc.):

\_\_\_\_\_

An Exam

Exam Type: \_\_\_\_\_

A complaint, investigation or disciplinary matter

Other – please specify: \_\_\_\_\_

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### SECTION 5 SUPPORTING DOCUMENTATION

Please provide the supporting documentation set out below, that is required based on the type(s) of accommodation identified in section 3. If you have chosen more than one type of accommodation, please provide supporting documentation for each type.

If you are unable to provide the requested supporting documentation, please fill out the rest of this form and submit it to ICS, along with the reasons why supporting documentation cannot be provided.

#### **Accommodation related to a Prohibited Ground(s) as defined by *The Saskatchewan Human Rights code, 2018***

##### ***Prohibited Ground(s) that are not a disability***

If you are asking ICS to accommodate a barrier caused by or associated with Prohibited Ground(s) that are **not** a disability, please attach a detailed statement from an appropriately qualified person with direct knowledge of your Prohibited Ground(s). For example, if the accommodation is requested on the basis of religion, a statement should be obtained from a religious official.

The statement must include the factual basis for identification of any barriers that are caused by or associated with the individual's Prohibited Ground(s), and must include:

- The qualified person's name;
- The qualified person's contact details, including an address; and
- Relevant qualifications (for example, a statement of qualifications on a professional letterhead).

##### ***Prohibited Ground(s) that are a disability***

If you are asking ICS to accommodate a barrier caused by or associated with Prohibited Ground(s) that are a disability, please attach a completed Health Care Practitioner Form, found in **Appendix 2** (located at the end of this form).

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**Accommodation related to a non-disability medical condition of the Accommodation Applicant (including temporary and treatable conditions)**

Please attach supporting documentation to support your medical condition. This documentation does not need to disclose the specific diagnosis but must be a current and recently dated medical document issued by a treating medical provider that includes:

- Confirmation that a medical condition exists;
- The functional barriers or restrictions that impact the Accommodation Applicant’s ability to participate in the subject of the accommodation request;
- The anticipated duration of the barrier or restriction (if known); and
- The recommended accommodation(s).

**Accommodation related to other circumstances that are not related to an Accommodation Applicant’s Prohibited Ground(s) or medical condition**

The required supporting documentation for these types of requests will be determined on a case-by-case basis. Once ICS receives your Accommodation Request Form, we will contact you regarding the supporting documentation that is required for your specific request. This may be similar to the types of supporting documentation that are required for other accommodations.

**SECTION 6 ACCOMMODATION APPLICANT’S SIGNATURE**

I, the undersigned, acknowledge the following:

- All the information contained in this application is true and complete, and I understand the terms outlined in Section 1 of this application.
- I hereby authorize the Insurance Councils of Saskatchewan to contact relevant third parties for additional information in relation to this assessment.

Signature of Accommodation Applicant \_\_\_\_\_

Date Signed (mm/dd/yyyy) \_\_\_\_\_

Completed forms should be emailed to: [accommodation@skcouncil.sk.ca](mailto:accommodation@skcouncil.sk.ca)

**Please note that a complete application is required for processing.**

**HEALTH CARE PRACTITIONER FORM**

**APPENDIX 2 – HEALTH CARE PRACTITIONER FORM**

When an Accommodation Request Form identifies a disability as the Prohibited Ground giving rise to the barrier(s) for which an accommodation is being sought, the Accommodation Applicant is required to authorize their health care practitioner to complete a Health Care Practitioner Form.

**Note:** A practitioner who fills out a Health Care Practitioner Form must hold a licence in good standing issued by a professional regulator which has been established by and is governed under a statute and must either be a) actively involved in the treatment of the Accommodation Applicant’s disability or b) have conducted a fully sufficient examination of the Accommodation Applicant for the purpose of this request (“Practitioner”).

The purposes of the Health Care Practitioner Form include confirming the existence of a disability and describing the barrier(s) that are, in the Accommodation Applicant’s case, associated with that disability. The specific diagnosis does not need to be disclosed unless authorized by the Accommodation Applicant below.

The Insurance Councils of Saskatchewan (ICS) may request further and more detailed reports about an Accommodation Applicant’s barrier(s). This will support ICS in meeting its duty to accommodate while also supporting its mandate to protect the public interest.

**SECTION 1 ACCOMMODATION APPLICANT’S DECLARATION**

Legal First Name:
Legal Middle Name(s):
Legal Last Name:
Licence or Application Number (if applicable):

I, the undersigned, acknowledge the following:
<input type="checkbox"/> I consent to my diagnosis being identified on this form and provided to ICS.
<input type="checkbox"/> I hereby authorize the Practitioner named below to provide the required information to ICS.
<input type="checkbox"/> I hereby authorize ICS to contact the Practitioner named below for additional information in relation to this assessment.

Signature of Accommodation Applicant \_\_\_\_\_

Date Signed (mm/dd/yyyy) \_\_\_\_\_

**HEALTH CARE PRACTITIONER FORM**

**SECTION 2 PRACTITIONER'S PROFESSIONAL INFORMATION**

Legal First Name:		
Legal Middle Name(s):		
Legal Last Name:		
Profession:		
Name of Regulatory Body:		
Licence Number:		
Name of Practicing Office:		
Business Address:		
City:	Province:	Postal Code:
Business Phone:		
Email:		
<p><b>Professional Qualifications.</b> Please list your professional qualifications including details about your area(s) of practice and any specialties below.</p>		

**HEALTH CARE PRACTITIONER FORM**

**SECTION 3 ASSESSMENT INFORMATION**

(a) How long has the Accommodation Applicant been in your care?		
(b) If the Accommodation Applicant has not been in your care and you are examining the Accommodation Applicant for the purposes of assessment in relation to this request, have you conducted a fully sufficient examination of the Accommodation Applicant for the purposes of this opinion, and if yes, when did you do so?		
(c) Has the Accommodation Applicant been diagnosed with a health condition resulting in a disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(d) If you answered “yes” to question (c) above:		
i. When was the Accommodation Applicant first diagnosed with this condition? (mm/dd/yyyy): <div style="text-align: center; margin-top: 5px;">_____</div>		
ii. Did you diagnose this condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
iii. If you did not diagnose this condition, did you confirm this condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
iv. Please describe the barriers that are, in the Accommodation Applicant’s case, associated with their disability. This information will help ICS determine if any ICS rules or requirements might adversely affect the Accommodation Applicant due to these barriers, and if so, what accommodations may be available.		

**HEALTH CARE PRACTITIONER FORM**

(e) **Suggested Accommodation(s).** Please suggest any accommodation you think might be helpful to the Accommodation Applicant.

**SECTION 4 PRACTITIONER'S SIGNATURE AND APPROVAL**

I, the undersigned, certify the following:

I confirm that the information and assessment I have provided is accurate to the best of my knowledge and expertise, and is within my scope of practice.

Signature of Practitioner \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Date Signed (mm/dd/yyyy) \_\_\_\_\_

Practicing Office Stamp (required)