



# PACE

## (Personal Attendant Community Education) Application Form

### General Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

#### Phone Numbers

- Home: \_\_\_\_\_
- Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Where did you hear about the PACE Program? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

If yes, with whom? \_\_\_\_\_

Are you receiving EIA/Social Assistance benefits? \_\_\_\_\_

If yes Case # \_\_\_\_\_

Office Location: \_\_\_\_\_ Worker Name: \_\_\_\_\_

**Please attach the following:**

(NOTE: that for any record or registry check a copy of the receipt will be accepted for the purposes of this application.)

- Criminal Record Check \*\*THIS MUST BE PERFORMED WITHIN SIX (6) MONTHS OF THE START OF SESSION YOU WILL BE ATTENDING\*\***
- Child Abuse Registry Check**
- Adult Abuse Registry Check**
- Resume, complete with education, work experience, and references**
- \$25.00 refundable registration deposit. This deposit must be paid at your interview. This deposit is not applicable to EIA applicants.**
- \$50.00 Non-refundable material fee.**
- \$75 fee for CPR / First Aid training. This fee is not required for those who can present a certificate for valid and current CPR training.**

**IF YOU ARE FILLING THIS OUT FOR SOMEONE ELSE PLEASE ENSURE THAT THEY HAVE A STRONG UNDERSTANDING OF THE ENGLISH LANGUAGE.**

**Comments:**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Due to the high volume of PACE applicants, please note that you should arrive 10 minutes prior to your scheduled interview time. Failure to be on time for your interview will result in your application being moved to the next PACE session.**

**Thank you for your co-operation in advance.**

## INDEPENDENT LIVING RESOURCE CENTRE

### PERSONAL ATTENDANT COMMUNITY EDUCATION PROGRAM

# PACE



There are three very important documents that you will need to include with your application for the PACE Program. They are a Criminal Record Check (CRC) a Child Abuse Registry Check (CARC) and an Adult Abuse Registry (AAR).

Here is where to get them.

Criminal Record Check: Public Safety Building  
1<sup>st</sup> Floor – 151 Princess Street, Winnipeg  
Cost - \$33.75

Child Abuse Registry Check and Adult Abuse Registry Check:  
Government of Manitoba - Provincial Services  
Child and Family Services  
777 Portage Ave, Winnipeg  
Cost - \$15.00 **Each**

Please note that it may take a few weeks for you to receive these documents. In order to speed up the processing of your application, **we will accept a photocopy of your receipts as proof that the documents will be coming at a later date.**

Thank you  
Terry McIntosh  
IL Consultant for PACE

## **PACE Facts**

### **What is PACE?**

PACE trains able-bodied persons to become Independent Living Attendants (ILA's)

PACE is a recognized curriculum developed, designed and delivered by people with disabilities to promote consumer choice and control over their lives.

### **Why is PACE needed?**

Recognition of the growing population of people with disabilities, combined with their desire for control over their lives, and movement away from institutional living.

### **What does PACE training include (not limited to)?**

- Introduction & Overview
- Independent Living Philosophy/Will to Live
- Personal Health Information Act (PHIA)
- Disability Awareness
- Role of an Independent Living Attendant/Palliative Care
- Infection Control
- Anatomy & Physiology
- Peri-Care
- Bowel & Bladder Routines
- Medication Management
- Communication
- Stress Management
- Body Movement/Positioning
- Mock Routines
- Abuse
- Respiratory
- Home Management
- CPR
- Nutrition
- Wound Care
- Personal Hygiene
- Cultural Diversity
- Safety
- WHMIS
- Mental Health
- Assistive Devices
- Non-Violent Crisis Intervention
- Disaster Management
- Environment Awareness
- Employment
- Community Consumer Directed Training

### **How long is the Training?**

The training is five weeks long. It runs Monday to Friday with classes from 9:00AM to 4:00PM daily. Community training hours are in the afternoon and late evenings.

## **Employment Prospects?**

Follow-up surveys indicate over 90% success rate in obtaining employment in this field. Employment opportunities include Self-Managed Care, Brokerage, Home Care, Private agencies, and Independent Living housing models.

## **Student Feedback**

*"I wish all my professors in college were as passionate about what they taught us like the trainers we have now"*

## **What are the benefits of Consumer Directed Training?**

- Improved quality of life for consumers
- Opportunities for employment and more community involvement
- Centralized training united people, organizations, and resources
- Flexibility in provision of support
- Reduced training costs and strain on institutions

## **Student Feedback**

*"Hands-on really helps a lot. It prepares us and gives us confidence as future ILA's to do our best in serving future consumers".*

## **Mission Statement**

The ILRC is a consumer-controlled organization that promotes and supports citizens with disabilities to make choices and take responsibility for the development of personal and community resources

## **How Much Does It Cost?**

The total cost for students is \$150.00. This includes a \$25.00 registration deposit that is refundable upon completion of the course. As well there is a \$50.00 material/supplies fee which is non-refundable. Last, there is a \$75.00 fee for CPR/First Aid which is also non-refundable.

## **Is There a Philosophy Behind PACE?**

PACE is based on the Independent Living Philosophy

The Independent Living Philosophy is governed by five principles:

1. Taking Risks
2. Making Choices
3. Promote Integration
4. Accept responsibility
5. Promote Consumer Control

## **What is a Consumer?**

Consumer – An individual with a disability within the community who directs their personal assistance needs to facilitate their lifestyle of choice.

## **What are the Objectives of PACE?**

- Promote the Independent Living Philosophy throughout the program and focus on the consumer as the person in control of their life.
- Highlight consumer input, direction, and participation in the training of Independent Living Attendants.
- Provide a holistic approach to attendant training that promotes independent living, and is specifically designed to support individual needs in the community.
- Increase the number of trained staff available to consumers in their community homes.

## **What is the Primary Goal of the PACE Program?**

The primary goal is to teach the theory and practical skills required for an individual to become an Independent Living Attendant with the emphasis being that these individuals will come to understand and implement the Independent Living Philosophy. In so doing they will have the skills to provide a flexible array of personal assistance, home and other supports specific to each consumer's unique independent living needs. It also addresses the needs and shortages of individuals trained with an understanding of the Independent Living Philosophy, thereby by keeping the focus on the consumer as the person in charge of their life. The program is also diverse in nature and respects all persons with disabilities regardless of age, culture, political affiliation, values, beliefs, and/or disabilities.



The following pages are for Employment Income Assistance/Social Assistance Recipients.

Please sign and return the consents and privacy notice form along with your application.

Thank you.

## CONSENTS AND PRIVACY NOTICE

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The Canada-Manitoba Labor Market Agreement (CM-LMA) was signed in April, 2008. Under the CM-LMA, Canada will make annual investments in Manitoba to provide Manitoba an opportunity to increase its efforts to support the development of the labor market. Manitoba Competitiveness, Training and Trade's (CTT), Employment Manitoba branch will administer funding under this Agreement on behalf of the Province of Manitoba.

A number of employment and training programming provided by, or on behalf of, Manitoba Family Services and Housing (FSH) or our partners were identified as eligible for funding from the federal government under the CM-LMA.

To meet the data reporting requirements outlined in the CM-LMA, participants in CM-LMA eligible programming are being asked to provide consent for the collection and sharing of data between the employment/training service provider, FSH, CTT, a third party consultant and Human Resources and Skills Development Canada (HRSDC). While personal information will be used by CTT to prepare the report for HRSDC, the actual summary report will only contain group data and no personal information.

### OUR LEGAL AUTHORITY TO COLLECT YOUR INFORMATION

Your personal information is collected under the authority of clause 36(1) (b) of *The Freedom of Information and Protection of Privacy Act* of Manitoba (FIPPA) and your personal health information is collected under the authority of subsection 13(1) of *The Personal Health Information Act* of Manitoba (PHIA).

***Note: this consent form is solely for the purposes identified above and is not intended to replace consent forms currently required to support your participation in your programming.***



## **CONSENTS**

### **WHY DOES EMPLOYMENT MANITOBA NEED TO COLLECT INFORMATION ABOUT ME?**

1. I understand that Employment Manitoba needs to collect personal information about me, such as my contact information and other information about my education and employment history for the following purposes:
  - For Employment Manitoba to conduct research and program planning, and for reporting, monitoring, evaluation and accountability of CM-LMA eligible programs.
2. I understand that Employment Manitoba will limit collection, use and disclosure of my personal information to the minimum amount necessary to carry out these purposes.

### **INFORMATION I AGREE TO PROVIDE TO FAMILY SERVICES AND HOUSING FOR SHARING WITH EMPLOYMENT MANITOBA**

3. I agree to provide Family Services and Housing with the following personal information that will be shared with Employment Manitoba. I understand that this information is necessary to carry out the purposes described above in section 1:
  - full name, telephone number and address
  - birth date
  - social insurance number (S.I.N.)
  - gender
  - my education level and employment status before I started this programming
  - information on the programming I am involved with to include, service type, start date, end date and the status of my involvement
  - I agree that the survey information which is to be collected by a third party consultant once I stop participating in the LMA eligible programming for which this consent form is being signed, be provided to Employment Manitoba. The survey information will include my satisfaction with the program I was involved with, my employment status, whether the programming has prepared me for future employment, whether I achieved credentials or certifications through participation in the program, and information about my earnings after leaving the program.
4. I also agree to provide Employment Manitoba with any changes to my personal information.

### **CONSENT TO OBTAINING INFORMATION ABOUT ME FROM OTHER SOURCES**

5. I consent to the following persons and bodies disclosing the information described in section 3 to Employment Manitoba, for the purposes as described in section 1:
- any Manitoba government department or agency, or federal government department or agency, that has provided or is providing me with programs, services or assistance, including: Human Resources and Skills Development Canada, Service Canada, and Manitoba Family Services and Housing.

### **CONSENT TO EMPLOYMENT MANITOBA DISCLOSING MY INFORMATION**

6. I consent to Employment Manitoba disclosing personal information about me to the following persons and bodies to the extent they need to know the information to carry out the purposes listed above in section 1:
- Human Resources and Skills Development Canada
  - Manitoba Family Services and Housing
  - any organization, agency or entity that has provided or is providing me with work experience, training or employment related programs, services, assistance or support that is CM-LMA eligible programming (Service Providers)
  - Consultants under contract with Employment Manitoba to conduct research and evaluation of the CM-LMA eligible programs.

### **HOW LONG DOES MY CONSENT LAST?**

7. I agree that the consents I have given will last 4 years.

### **CAN I WITHDRAW MY CONSENT?**

8. I understand that I may withdraw my consent at any time. To do this I am to contact my Service Provider or Family Services and Housing worker who will assist me in preparing my written withdrawal of consent and will forward it to Employment Manitoba on my behalf.

**WHO DO I CONTACT IF I HAVE QUESTIONS ABOUT MY INFORMATION?**

9. If you have any questions about the collection, use or disclosure of your personal information or personal health information, please contact Access and Privacy Coordinator, Family Services and Housing at 945-2013.

\_\_\_\_\_  
NAME (PLEASE PRINT)

**I CONSENT TO THE COLLECTION AND SHARING OF MY PERSONAL INFORMATION AS OUTLINED IN THIS FORM**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**I CONSENT TO BEING CONTACTED BY A THIRD PARTY CONSULTANT FOR SURVEY PURPOSES AFTER I LEAVE THE PROGRAMMING FOR WHICH THIS CONSENT FORM IS BEING SIGNED**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## OPTIONAL EMPLOYMENT EQUITY DECLARATION

Employment Manitoba wishes to obtain your employment equity information for research and planning purposes, and for reporting, monitoring, evaluation and accountability purposes.

*Providing this employment equity declaration is optional. Not providing it will not affect your eligibility for Employment Manitoba programs, services, assistance and support. But, it may be to your benefit to provide this information.*

If you wish to provide employment equity information, please check all the categories that apply to you.

I am a:

- **Aboriginal Person** – North American aboriginal ancestry. Select only one of the following:
  - Métis
  - Inuit
  - Status Indian
  - Non-status Indian
  
- **Person with disabilities** – I have a long-term or recurring impairment and:
  - consider myself to be disadvantaged in employment by reason of that impairment, or
  - believe that an employer or potential employer is likely to consider me to be disadvantaged in employment by reason of that impairment
  
- Person with **Immigrant Status**

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NAME (PLEASE PRINT)

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SIGNATURE

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DATE