

AIM Profile

Employee Response

Please complete and send the form to aim@ccrw.org

MANDATORY QUESTIONS

Business Name (or business number):

Requester Information:

Name:

Work address:

Email address:

Phone number:

Business Sector (select one):

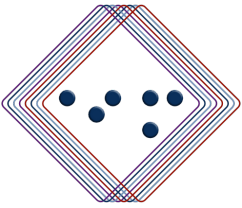
- | | |
|--|---|
| <input type="checkbox"/> Not-for-profit | <input type="checkbox"/> For-profit corporation |
| <input type="checkbox"/> Educational institute | <input type="checkbox"/> Government |

Estimated number of employees at your organization (select one):

- Less than 10 employees
- 10-99 employees
- 100-499 employees
- 500+ employees

Individual contributor employment status (select one):

- | | |
|---|--|
| <input type="checkbox"/> New hire | <input type="checkbox"/> Existing employee |
| <input type="checkbox"/> Temporary employee | <input type="checkbox"/> Self-employed |



AIM: Accommodation & Inclusion Management

Number of years in current position (select one):

- Less than 1 year 1-5 years
 5+ years

Occupational Category (2021 NOC Codes), (select one):

- Legislative and senior management occupations
 Business, finance, and administration occupations
 Natural and applied sciences and related occupations
 Health occupations
 Occupations in education, law and social, community and government services
 Occupations in art, culture, recreation, and sport
 Sales and service occupations
 Trades, transport and equipment operators and related occupations
 Natural resources, agriculture, and related production occupations
 Occupations in manufacturing and utilities

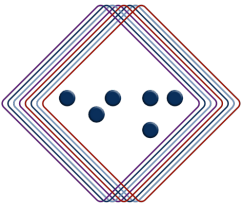
Working arrangements (select one):

- Remote Hybrid (combination of remote and on-site)
 On-Site

Do you currently have any workplace accommodations/adjustments in place? (select one):

- Yes No

If yes, please specify:



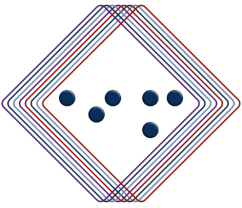
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Please select all barriers/challenges that apply to you (check all that apply):

- Workplace set-up/equipment
- Accessibility of work environment
- Assistive technology
- Mental health (i.e. stress, anxiety, depression)
- Meeting job requirements/duties
- Unsure
- Other (please specify):

Type of accommodations/adjustments requested (select any/all that apply):

- Ergonomic office equipment
- Assistive /adaptive technology
- Mental health support, and coaching services
- Modifications to work environment
- Training and education
- Adjustments to targets / Modifications of job duties
- Flexible work schedule
- Unsure
- Other accommodations/adjustments (please specify):



OPTIONAL QUESTIONS

Do you self-identify as a person with a disability/with disabilities? (check all that apply):

- Visual Hearing Learning
 Developmental Physical Mental Health
 Other:

Have you requested accommodations or workplace adjustments in the past? (select one)

- Yes No

If yes, were they implemented or provided? (select one)

- Yes No

Please provide any additional details to help us understand the nature of your request:

Do you want your supervisor/manager involved in the accommodation process? (select one)

- Yes No

If yes, please provide contact information below:

Name:

Email address:

Phone number: