

# BROKEN WING

3684 Avon, PO Box 421  
Belmont, ON  
N0L 1N0  
(519) 269-1118



## Application Form, 2011

Please read the following carefully, and indicate any and all conditions that apply to you. Broken Wing will ensure that the following information is kept in the highest confidence and will not be shared with any government agency, including DND, VAC, or SISIP/RARM. The information provided will also not be sent to any medical file that any government agency has, be it provincial or federal.

1. You understand that Broken Wing and its staff are not trained medical professionals; rather the staff is comprised of veterans and students, and professional advisors studying various subjects on the brain.
2. You understand that the process is to be adhered to as closely as possible, failure to do so will result in removal from the program.
3. You have a diagnosis of post traumatic stress disorder from a licensed clinician (Psychiatrist or Psychologist).
4. You understand that Broken Wing as a process is very demanding, and will push you to the limit of capacity.
5. You agree not to hold Broken Wing liable for any and all liabilities that may emerge from the process.
6. You must be able to participate in group activities such a classroom lessons, range activities, socialization exercises, meals etc. Taking a break from things is ok once in awhile but will not be tolerated on a continuing basis.
7. Are able to communicate effectively and with a sense of humor.
8. **Agree not to disclose anything about how the process works, lesson plans, activities, humor, and most importantly agree not to break the confidence of other candidates.**

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

Date \_\_\_\_\_

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The following section will give the staff at Broken Wing a basic idea as to your background, your symptomatology, as well as where and when you served. If not enough space, please attach a separate sheet.

1. DATE OF BIRTH: \_\_\_\_\_ 2. LENGTH OF SERVICE: \_\_\_\_\_

3. REGIMENT AND AOR: \_\_\_\_\_

4. DATE OF DIAGNOSIS: \_\_\_\_\_

5. PRESENT MARITAL STATUS: SINGLE  MARRIED

6. ARE YOU STILL IN CONTACT WITH SECTION MATES? YES  NO

7. HAVE YOU HAD ANY INVOLVEMENT WITH POLICE? YES  NO

8. IF YES, ARE YOU ON ANY CONDITIONS? YES  NO

9. DO YOU HAVE ANY SERIOUS MEDICAL CONDITIONS OUTSIDE OF PTSD? YES  NO

IF SO, PLEASE INDICATE: \_\_\_\_\_

10. DO YOU STARTLE EASILY, EVEN IN A SAFE ENVIRONMENT? YES  NO

11. DO YOU HAVE PROBLEMS WITH ANGER OR VIOLENCE? YES  NO

12. DO YOU HAVE ANY ALLERGIES (PEANUTS, ETC)? YES  NO

13. CONSUMPTION OF ALCOHOLIC BEVERAGES IS RESTRICTED DURING THE COURSE. BEER IS AVAILABLE AT A SMALL COST BUT IS RESTRICTED TO TWO BEERS PER MAN PER DAY.

IS THIS ACCEPTABLE TO YOU? YES  NO

14. DO YOU HAVE A PROBLEM SLEEPING WITH OTHER PEOPLE IN THE ROOM? YES  NO

15. DO YOU REQUIRE A SPECIAL DIET FOR ANY REASON? YES  NO

IF SO INDICATE HERE: \_\_\_\_\_

(CONTINUE ON NEXT PAGE)

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16. ARE YOU ABLE TO DO A MODERATE AMOUNT OF EXERCISE EACH DAY? YES  NO

17. ANY TYPE OF HUMOUR YOU FIND OFFENSIVE? YES  NO

IF SO, INDICATE HERE: \_\_\_\_\_

18. ARE YOU ABLE TO READ/WRITE AT MODERATE LEVEL: YES  NO

19. DO YOU HAVE ACCESS TO A COMPUTER? YES  NO

20. DO YOU HAVE A SMART PHONE? YES  NO

21. ARE YOU CURRENTLY UNDER A SISIP MANDATE? YES  NO

22. Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

I have read and understood the above. All information is provided to the best of my decedent and addled ability.

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

Candidate Mailing Address: \_\_\_\_\_

Candidate Phone Number \_\_\_\_\_