

State University of New York at Buffalo
NYS Supported Employment Training Initiative (SETI)

Parker Hall, Room 316, 3435 Main Street Buffalo, New York 14214-3007

716-829-6285 (phone) 716-829-6095 (fax)

REGISTRATION FORM

PLEASE TYPE OR PRINT CLEARLY

TITLE OF COURSE: _____

DATE OF COURSE: _____ **CITY:** _____

Your Name: _____ Home Phone: _____
(please indicate: Mr., Ms., Mrs.) (for emergency cancellations only)

Job Title: _____ Length of time in: current position _____ yrs. rehab. field _____ yrs.

Supervisor: _____ Phone (____) _____ E-mail _____

Company Name: _____

Company Mailing Address: _____

City: _____ State: _____ Zip _____

Business Phone: (____) _____ Fax: (____) _____ E-mail _____

Are you a veteran? ____ Yes ____ No Do you have a disability? ____ Yes ____ No

Do you need material in alternate format? A minimum of three weeks notice is required.

____ Braille ____ Disk ____ Large Print, specify font/size _____ ____ Sign Language Interpreter

____ Closed Captioning ____ Assistive Listening Device, please specify: _____

To make your training as comfortable and successful as possible, what type of assistive devices/services do you currently use?

____ Motorized Wheelchair ____ Manual Wheelchair ____ Scooter ____ Guide Dog

____ Personal Aide ____ Other, please specify _____

Highest education level obtained: High School Associates Degree Bachelor's Masters Doctorate

Which best describes your ethnic background? Black Non-Hispanic White Non-Hispanic Hispanic
 Native American Asian or Pacific Islander Other

IF YOU ARE A COMMUNITY REHABILITATION PROGRAM PROVIDER:

Does your agency have a working agreement with NYS VESID? ____ Yes ____ No

Supervisor's Signature _____ Applicant's Signature _____

~~~~~ Fax registration form to: Registration Officer 716/829-6095 ~~~~~