

# Application Form

**PART A:**

<b>1. Applicant Information</b>			
Title:	First Name:	Middle Initial:	Last Name:
Address: (street & mailing)			
City:	Province:	Postal code:	
Phone number:		E-mail:	
How did you hear about the Back to Ag Program?			

<b>2. Contact Information</b>			
<b>I am completing the form on behalf of the applicant Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please fill out the following:</b>			
Mr., Ms., Mrs., Dr., etc.	First Name:	Middle Initial	Last Name:
Organization: (if applicable)		Relationship to Applicant:	
Street Address:			
City:	Province:	Postal Code:	
Phone Number:		Email:	

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**PART B:****3. Traumatic Injury Description:**

*Please describe your safe return to Agriculture Solution by providing the following information:*

Please describe the circumstances that caused the traumatic injury including:

- Date of incident
- What were the circumstances that caused the traumatic injury
- Level of injury

*How is the injury impairing your ability to work on the farm safely?*

**4. Letter of Support**

Please provide a letter of support from a medical professional. Please see **Application Guidelines** on our website at [www.casa-acsa.ca](http://www.casa-acsa.ca) if you require more information. The letter should specifically refer to the project application and verifies that the project will assist the recipient in returning to work on the farm. The letter could also provide recommendations for return to work solutions. The letter should also indicate whether the applicant can return to farming safely.

Name:

Phone number:

E-mail:

Organization Name:

Address:

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**PART C:**

<b>5.</b>	<p><b>Reporting requirements</b> Applicant commits to submit a short report within 5 months of the award date Yes <input type="checkbox"/></p>
<b>6.</b>	<p><b>Checklist</b> <b>Please ensure you have completed the following:</b></p> <p>By checking this box, I, the applicant, confirm that I am a Canadian citizen 18 years or older <input type="checkbox"/></p> <p>By checking this box, I, the applicant, confirm that I am/was an active farmer before the incident <input type="checkbox"/></p> <p>By checking this box, I, the applicant, confirm that I have attached a letter of support from a medical professional for the project and grant permission for CASA to contact them if required. <input type="checkbox"/></p> <p>By checking this box, I, the applicant, if successful agree to submitting a photo of the adaptive technology <input type="checkbox"/></p> <p>Would you the applicant agree to be contacted by CASA for more details on your story? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>By checking/signing below, the applicant verifies that all information in this application is true, to the best of his or her knowledge, and accepts all of the terms and conditions of the Back to Ag program as set out in this Application, the Program Description, and the Back to Ag Application Guidelines. The applicant further acknowledges that selection for Back to Ag funding and recipient lies within the absolute and unfettered discretion of CASA and nothing contained herein shall be construed as a guarantee of funding or acceptance into the Back to Ag program.</p> <p>The applicant acknowledges that the personal information provided to CASA including their name, address, contact information and other information relating to this application will be used for the purposes of determining whether the Applicant qualifies for a grant pursuant to the Back to Ag program. That may include contacting the Health Care provider regarding details provided in this application.</p>
<p>Sign or Check Box <input type="checkbox"/> Accepted <input type="checkbox"/> <b>Applicant must provide a signature if mailing, faxing, or scanning.</b></p> <p style="text-align: center;">_____ Date: _____</p>	

**Please submit by email, fax or mail, to:**

FAX : (877) 261-5004  
 Email : [backtoag@casa-acsa.ca](mailto:backtoag@casa-acsa.ca)

MAIL : Canadian Agricultural Safety Association  
 Back to Ag Program  
 3325-C Pembina Highway, Winnipeg, MB R3V 0A2