



COMPETENT AUTHORITY

Patron with a Print Disability Eligibility Form

Eligibility Criteria

A print disability prevents or inhibits a person from reading conventional print. You are eligible to access library materials restricted to the print disabled through the public library if you have a print disability due to blindness, visual disability, physical disability and/or a learning/reading disability in accordance with the definition provided for “perceptual disability” in the Canadian Copyright Act.

Canadian Copyright Act definition

Under the provisions of the Canadian Copyright Act, “perceptual disability” means an impairment that prevents or inhibits a person from reading or hearing a literary, musical, dramatic or artistic work in its original format and includes a disability resulting from:

- a. Severe or total impairment of sight or hearing or the inability to focus or move one’s eyes
- b. The inability to hold or manipulate a book
- c. An impairment relating to comprehension

Competent authority refers to doctors of medicine, ophthalmologists, optometrists, registered nurses, registered therapists, special education teachers, professional staff of hospitals, institutions, and public agencies (e.g. social workers, case workers, counselors.)

Information collected is for the purposes of administering the National Network for Equitable Library Service (NNELS) will only be used for the purposes for which it was obtained and will be managed in accordance with the Freedom of Information, Protection of Privacy Act of Nova Scotia.



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Certification by a Competent Authority

Date: _____ Applicant's Name: _____

Applicant's Library Card Number: _____

I consent to the Library collecting personal health information on this form for the purpose of granting me access to library materials restricted to the print disabled, made available through the public library.

Applicant's Signature: _____

(Or adult authorized to sign on individual's behalf.)

I certify that the applicant is unable to read or use standard printed material because of:

Legal blindness

Physical disability

Visual disability

Reading/learning disability

Name of competent authority: _____

Signature: _____

Occupation: _____

Address: _____ Telephone: _____

Library Staff Member: _____

Library Branch and Region: _____

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