College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

Application for FUNDING for SUPPORTIVE MEASURES

FORM 1 The College of Respiratory Therapists (CRTO) recognizes the seriousness and extent of harm that sexual abuse and other forms of abuse can cause. The CRTO wishes to ensure that an individual who alleges that they were sexually abused by a Respiratory Therapist receives supportive measures that assist their healing and participation in the complaints and/or disciplinary process(es).

The CRTO will provide funding for therapy/counselling equivalent to 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist, and will reimburse an individual for specified non-therapeutic expenses related to treatment stemming from the alleged abuse. For more information, please refer to the Funding for Supportive Measures Policies (for Patients/Clients and for Non-Patients/Clients).

1. APPLICANT'S CONTACT INFORMATION

FIRST NAME	LAST NAME
STREET ADDRESS	
CITY	PROVINCE
POSTAL CODE	COUNTRY
PHONE NUMBER	EMAIL

2. COMPLAINT INFORMATION

When was a complaint or report submitted to the CRTO? DATE (MM/DD/YYYY) ☐ NOT APPLICABLE

NAME of RESPIRATORY THERAPIST

WHERE did the abuse occur? (Name of Hospital, Facility, or other location)

The abuse STARTED DATE (MM/DD/YYYY) and ENDED DATE (MM/DD/YYYY)

OPTIONAL INFORMATION ENCLOSED (please check all that apply)

☐ The complaint or report against the Respiratory Therapist

☐ Reasons that any additional financial support would be helpful

☐ Other complaints or reports regarding the alleged abuse submitted to:

- ☐ the Hospital or Facility where the alleged abuse occurred
- ☐ the Police
- ☐ other Organization(s):
- ☐ other Person(s):

3. DECLARATION AND AUTHORIZATION

☐ I **declare/hereby certify** that the statements made by me on this form are complete and correct to the best of my knowledge and belief.

☐ I **understand** that a decision by the CRTO Patient Relations Committee to provide funding for supportive measures does not constitute a finding of guilt against the above-named Respiratory Therapist.

➲ SIGNATURE _____ DATE _____