Human Resources and Skills Development Canada | Ressources humaines et Développement des compétences Canada

Sectoral Youth Career Focus Program

Participant Information

Human Resources and Social Development Canada (HRSDC) does follow-up surveys to find out how beneficial our programs are to our participants. Your help in providing accurate information is essential for HRSDC to conduct these surveys and to ensure that the programs meet your needs. Information requested below is also used in the administration of the *Employment Insurance Act*.

Information on this form is collected for statistical and research purposes, and is protected under the provisions of the privacy act and the access to information act. Individuals have the right to protection of and access to their personal information. Instructions on obtaining personal information are provided in the info source, which is located in Canada Human Resources Centres.

PART A. PROJECT INFORMATION – TO BE COMPLETED BY PROJECT CO-ORDINATOR

1. FILE NUMBER	2. RECIPIENT SPONSOR (Sector Council or Cross-Sectoral Organization)	3. EMPLOYER NAME

PART B. PARTICIPANT INFORMATION – TO BE COMPLETED BY THE PARTICIPANT – PLEASE PRINT CLEARLY

4. SURNAME	5. GIVEN NAME AND INITIALS	6. SOCIAL INSURANCE NUMBER* (see below)
		__ __ __ - __ __ __ - __ __ __

7. PERMANENT ADDRESS	8. ARE YOU RECEIVING OR HAVE YOU RECEIVED EMPLOYMENT INSURANCE (EI) BENEFITS
	in the last 3 years YES☐ NO☐ In the last 5 years YES☐ NO☐ Currently YES☐ NO☐

9. PROVINCE /TERRITORY	10. POSTAL CODE	11. AREA CODE & TELEPHONE NO.
	___ ___	( )

12. DATE OF BIRTH	13. LANGUAGE PREFERENCE	14. EMPLOYMENT STATUS AT START OF PARTICIPANT PLACEMENT INTAKE PROCESS?	15. PROVINCE OR TERRITORY EDUCATION COMPLETED IN:
__/ __/ ____ DD MM YYYY	ENGLISH ☐ FRENCH ☐	☐ EMPLOYED ☐ UNEMPLOYED ☐ STUDENT (Participants must be a post-secondary graduate at the start of the participant placement)	

16. HIGHEST LEVEL OF POST-SECONARY EDUCATION **COMPLETED**:			17. NAME OF POST-SECONDARY INSTUITION:	18.DEGREE OR DIPLOMA RECEIVED:
Community College	Yes☐	No☐		Degree:_____ Diploma: _____ Year: _____
Institute of Technology	Yes☐	No☐		
Post-Secondary Institutes	Yes☐	No☐		
CEGEP	Yes☐	No☐		
University	Yes☐	No☐		

19. YOUR START DATE ON PARTICIPANT PLACEMENT?	20. ANTICIPATED FINISH DATE	21. LANGUAGE SPOKEN	22. LANGUAGE WRITTEN
__/ __/ ____ DD MM YYYY	__/ __/ ____ DD MM YYYY	French ☐ English ☐ Both ☐	French ☐ English ☐ Both ☐

THE FEDERAL GOVERNMENT IS COMMITTED TO EQUITY IN EMPLOYMENT. YOU ARE ENCOURAGED TO COMPLETE THE FOLLOWING VOLUNTARY QUESTIONS (23-26) AND INDICATE IF YOU ARE A MEMBER OF ANY OF THESE GROUPS.

23. GENDER	24. ABORIGINAL GROUP	25. PERSON WITH DISABILITIES	26. MEMBER OF A VISIBLE MINORITY
☐ FEMALE ☐ MALE	☐ REGISTERED ON-RESERVE ☐ REGISTERED OFF-RESERVE ☐ NON STATUS ☐ METIS ☐ INUIT	☐ YES (PLEASE STATE NATURE OF DISABILITY) _____	☐ YES ☐ NO

PART C – TO BE COMPLETED BY CO-ORDINATOR AFTER PARTICIPANT TERMINATION

INTERVENTION	PARTICIPANT **DID NOT COMPLETE** INTERVENTION	PARTICIPANT **COMPLETED** THE INTERVENTION
START DATE __/ __/ ____ DD MM YYYY	DATE OF EARLY TERMINATION: __/ __/ ____ DD MM YYYY REASON: ☐ DID NOT FOLLOW THROUGH ☐ FOUND A JOB / STARTED A BUSINESS ☐ MOVED ☐ NO LONGER ACTIVE IN LABOUR FORCE ☐ RETURN TO SCHOOL	DATE OF COMPLETION: __/ __/ ____ DD M YYYY PARTICIPANT IS NOW: ☐ SEARCHING FOR EMPLOYMENT ☐ MAKING CAREER DECISIONS ☐ SKILLS ENHANCEMENT ☐ FOUND A JOB ☐ RETURNED TO SCHOOL ☐ NOT EMPLOYED
PROJECT CO-ORDINATOR'S NAME:	PROJECT CO-ORDINATOR'S SIGNATURE:	DATE: __/ __/ ____ DD MM YYYY

Canada

PARTICIPANT CONSENT TO RELEASE INFORMATION:

_____ I give my consent for _____
(PRINT NAME) **(RECIPIENT SPONSOR)**

to release information regarding my participation to Human Resources and Social Development. I acknowledge that the information here is collected and administered in accordance with the Privacy Act and may be used by Third Party Service providers for HRSD accountability purposes.

_____ _____ / _____ /_____
(SIGNATURE) **(DATE)**

If you do not have a SIN number, you MUST obtain one before the end of the intervention. Application must be made prior to start of activities. For more information on obtaining a SIN number, please see:
http://www.sdc.gc.ca/asp/gateway.asp?hr=en/cs/sin/030.shtml&hs=sxn

Sectoral Youth Career Focus Program

Participant Eligibility

To assist us in capturing information on the youth programs as well as the results achieved, please indicate if you meet the following basic program criteria:

Basic Criteria

At the time of intake/selection, you were:

	YES	NO
between 15 and 30 years of age (inclusive)		
out of school		
post-secondary graduate		
a Canadian citizen, permanent resident or person who has been granted refugee status in Canada		
legally entitled to work in Canada		
legally entitled to work according to the relevant provincial / territorial legislation and regulations		
not in receipt of employment insurance (EI) benefits		
If applicant answered "no" to any question, please contact your HRSDC representative for more information. Costs incurred for ineligible participants will not be reimbursed.		

Please note that Underemployment by definition is not considered as an obstacle for employment. It should at least be combined with other enumerated reasons.

PARTICIPANT CONSENT TO RELEASE INFORMATION:

_____ I GIVE MY CONSENT FOR_____
_____
(PRINT NAME) **(RECIPIENT SPONSOR)**

TO RELEASE INFORMATION REGARDING MY PARTICIPATION TO HUMAN RESOURCES AND SOCIAL DEVELOPMENT. I ACKNOWLEDGE THAT THE INFORMATION HERE IS COLLECTED AND ADMINISTERED IN ACCORDANCE WITH THE PRIVACY ACT AND MAY BE USED BY THIRD PARTY SERVICE PROVIDERS FOR HRSDC ACCOUNTABILITY PURPOSES.

THE PURPOSE OF THE YOUTH EMPLOYMENT STRATEGY (YES) IS TO PROVIDE A WORK EXPERIENCE THAT WOULD FACILITATE THE TRANSITION TO THE LABOUR MARKET. IT IS RECOMMENDED THAT NORMALLY A YOUNG PERSON HAS ACCESS TO THE YES ONLY ONCE. TO MY KNOWLEDGE, I CERTIFY THAT I HAVE NOT PARTICIPATED IN ANY OF THE YOUTH EMPLOYMENT STRATEGY WORK EXPERIENCE PROGRAMS TARGETED AT POST-SECONDARY GRADUATE.

_____ _____/_____/_____
(SIGNATURE) **(DATE)**