

Fields marked with an asterisk (*) are mandatory.

For Service Provider

| | | |
|--|-----------------------------------|--------------------------|
| Service Provider Name | Service Provider Agreement Number | Service Delivery Site ID |
| Ministry of Labour, Immigration, Training and Skills Development (MLITSD) Region | MLITSD Office | |

1. Participant Identification

| | |
|----------------|--|
| Last Name * | First Name * |
| Preferred Name | Social Insurance Number * <div style="display: flex; justify-content: space-between;"> <div style="width: 20px;"></div> <div style="width: 20px;"></div> <div style="width: 20px;"></div> <div style="width: 20px;"></div> <div style="width: 20px;"></div> <div style="width: 20px;"></div> <div style="width: 20px;"></div> <div style="width: 20px;"></div> <div style="width: 20px;"></div> <div style="width: 20px;"></div> </div> |

What is your gender identity? (select all that apply) *

☐ Man ☐ Woman ☐ Non-binary ☐ Two-spirit ☐ Prefer not to answer

☐ I don't identify with any of the above, please specify:

Do you identify as transgender? (optional)

Transgender is an umbrella term that refers to people whose gender identity, expression or behaviour is different from those typically associated with their assigned sex at birth. Identities considered to fall under this umbrella can include trans, transsexual, non-binary, gender fluid, and gender queer – as well as many more.

☐ Yes ☐ No ☐ Questioning ☐ Prefer not to answer

| | |
|----------------------------|--|
| Date of Birth (yyyy/mm/dd) | Date Arrived in Canada (if born outside Canada) (yyyy/mm/dd) |
|----------------------------|--|

| | |
|--|--|
| Status in Canada * | Preferred Language of Service * |
| <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other (specify) | <input type="checkbox"/> English <input type="checkbox"/> French |

Immigrated to Canada? *

☐ No ☐ Yes ☐ Not Applicable ☐ Prefer not to disclose

Marital Status *

☐ Single ☐ Married (or equivalent) ☐ Undisclosed

Mailing Address

| | | | |
|-------------|-----------------|---------------|---------------|
| Unit Number | Street Number * | Street Name * | PO Box |
| City/Town * | Province * | | Postal Code * |

Contact

| | |
|---|---|
| Primary Telephone * | Alternate Telephone |
| <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Other Area Code Telephone Number | <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Other Area Code Telephone Number |
| Email Address (if available) | |

2. Profile Information

Labour force attachment

☐ Employed Full-Time

☐ Employed Part-Time

☐ Unemployed

☐ Under Employed

☐ Self-Employed

☐ Full-Time Student

☐ Part-Time Student

☐ Not in Labour Force

Select your Highest Level of Education

- | | | |
|---|--|--|
| <input type="checkbox"/> Grade 0 - 8 | <input type="checkbox"/> Ontario Academic Credit (OAC) | <input type="checkbox"/> Certificate/Diploma |
| <input type="checkbox"/> Grade 9 | <input type="checkbox"/> Some Apprenticeship | <input type="checkbox"/> Some University |
| <input type="checkbox"/> Grade 10 | <input type="checkbox"/> Certificate of Apprenticeship | <input type="checkbox"/> Applied Degree |
| <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Journey person | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Grade 12 (or equivalent) | <input type="checkbox"/> Some College | <input type="checkbox"/> Post Graduate |

Source of Income

- | | |
|--|--|
| <input type="checkbox"/> Employment Insurance (EI) | <input type="checkbox"/> Dependent of OW/ODSP |
| <input type="checkbox"/> Ontario Works (OW) | <input type="checkbox"/> No income |
| <input type="checkbox"/> Crown Ward Extended Care and Maintenance | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Ontario Disability Support Program (ODSP) | |

Dependants *

Number of dependants ____ ☐ Prefer not to disclose

Please complete if you wish to self-identify as a member of a designated group(s). Your response to this question is entirely voluntary and will not affect your eligibility. This information will be used by the Governments of Ontario and Canada for policy analysis and statistical purposes related to employment programs and services.

- | | | | |
|-----------------------------------|---|--|--|
| <input type="checkbox"/> Newcomer | <input type="checkbox"/> Person with Disability | <input type="checkbox"/> First Nations | <input type="checkbox"/> Racialized Person |
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Métis | <input type="checkbox"/> Francophone | |

3. Client Summary (Service Provider Use Only)

Intervention Start Date (yyyy/mm/dd)

Intervention End Date (yyyy/mm/dd)

- | | | | | |
|-------------------|----------------------------------|--|---------------------------------------|---------------------------------|
| Job Search Skills | <input type="checkbox"/> Unknown | <input type="checkbox"/> Needs Development | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Strong |
| Employment Skills | <input type="checkbox"/> Unknown | <input type="checkbox"/> Needs Development | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Strong |
| Language Skills | <input type="checkbox"/> Unknown | <input type="checkbox"/> Needs Development | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Strong |

Reason for withdrawal (if leaving activities early)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Found Employment | <input type="checkbox"/> Started a Business | <input type="checkbox"/> Personal Reasons |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Program Unsuitable | <input type="checkbox"/> Moved | <input type="checkbox"/> Lost Contact |
| <input type="checkbox"/> Left Labour Force | <input type="checkbox"/> Other _____ | | |

Date of Early Withdrawal (if applicable) (yyyy/mm/dd)

Result of intervention at 12-week follow-up

- | | | | | |
|---|---|---|-------------------------------------|---|
| <input type="checkbox"/> Employment Full-Time | <input type="checkbox"/> Employment Part-Time | <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Returned to school |
| <input type="checkbox"/> Not in Labour Force | <input type="checkbox"/> Could not be reached | <input type="checkbox"/> Starting a new action plan | | |

Notice of Collection and Consent

Your organization delivers Ontario Employment Assistance Services under an agreement with the Ministry of Labour, Immigration, Training and Skills Development (Ministry) and is required to make its records available to the Ministry for inspection, investigation or audit. Your organization is also required to report to the Ministry on:

- the service it tailors and provides you;
- your employment progress and outcome; and
- your satisfaction with the services you receive.

The Ministry will also collect relevant personal information about you from the Government of Canada (Canada) if necessary. The purpose of this information is to determine your eligibility for Employment Insurance benefits, the nature and level of Employment Insurance benefits, and to monitor, assess and evaluate the effectiveness of Ontario Employment Assistance Services. Depending on the type of service or support you receive and any incentives available to your employer to hire you, your organization or the Ministry may also collect personal information about you from your employer.

The Ministry may use contractors and auditors to administer and finance Ontario Employment Assistance Services.

Administration includes:

- Assessing the performance of your organization – its effectiveness, efficiency and customer service results; monitoring, inspecting, investigating, auditing and enforcing your organization’s compliance with its agreement with the Ministry.
- Planning, evaluating and monitoring Ontario Employment Assistance Services – this includes conducting surveys, and conducting policy and statistical analysis and research related to all aspects of Ontario Employment Assistance Services. You may be contacted to request your voluntary participation in surveys.
- Promoting Ontario Employment Assistance Services – you may be contacted to request your voluntary participation in public relations campaigns related to Ontario Employment Assistance Services.

If you are a client of, or applying to, the Ontario Disability Support Program or Ontario Works, the Ministry will provide your personal information to the Ministry of Children, Community and Social Services (MCCSS) for the purposes of administering employment services and managing the participation of MCCSS clients in employment support programs under the *Ontario Works Act*, 1997, and the *Ontario Disability Support Program Act*, 1997.

Ontario Employment Assistance Services is funded by the Ministry, in part with funds provided by Canada under Part II of the *Employment Insurance Act*. When funds are provided by Canada, the Ministry is required to provide information to Canada to help monitor and assess the Employment Insurance Program, as required under s.3 of the *Employment Insurance Act*. Under the Labour Market Development Agreement between Canada and Ontario (LMDA) and the Workforce Development Agreement between Canada and Ontario (WDA), the Ministry is required to collect your social insurance number.

The Ministry collects your personal information pursuant to the LMDA and WDA, ss. 3 and 63 of the *Employment Insurance Act*, S.C. 1996, C.23 as amended, and s.76.29 of the Employment Insurance Regulations, SOR/96-332. The Ministry will collect personal information from clients who identify as Ontario Disability Support Program or Ontario Works recipients and disclose your personal information to MCCSS in accordance with the s.71 of the *Ontario Works Act*, 1997, and s.53 of the *Ontario Disability Support Program Act*, 1997.

For more information about the collection and use of your personal information to administer and finance Ontario Employment Assistance Services, you can contact the Manager, Employment Ontario Call Centre, in writing at the Ministry of Labour, Immigration, Training and Skills Development, 33 Bloor Street East, 2nd Floor, Toronto ON M7A 2S3 by email at contactEO@ontario.ca or by phone at 1-800-387-5656. For the hearing impaired, TTY is available at 1-866-533-6339.

Signatures

By signing below, I acknowledge that my Service Provider has explained its use and disclosure of my personal information for its purpose.

| | | |
|--------------------------|---|-------------------|
| Participant's Name | Participant's Signature | Date (yyyy/mm/dd) |
| Parent's/Guardian's Name | Parent's/Guardian's Signature (if applicant is under 16) | Date (yyyy/mm/dd) |

By signing below, I give consent to the Ministry to indirectly collect, use and disclose my personal information for the purposes set out above.

| | | |
|--------------------------|---|-------------------|
| Participant's Name | Participant's Signature | Date (yyyy/mm/dd) |
| Parent's/Guardian's Name | Parent's/Guardian's Signature (if applicant is under 16) | Date (yyyy/mm/dd) |