

Participant Application Form

Trade Name		Trade Code	Ontario Education Number (OEN)
Last Name		First Name	Middle Name/Initial
Preferred First Name			Date of Birth (dd/mm/yyyy)
Home Telephone Number	Cell Phone Number	Email Address	

Mailing Address

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

Gender

I identify as (check one of the following):

- Male
 Female
 Trans
 Other _____
 Prefer not to disclose

Marital Status

- Married/Common law
 Single
 Prefer not to answer

Number of dependants

- _____ Prefer not to answer

Highest Grade Level Completed	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French
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Residency Status (check one of the following)

- Canadian Citizen
 Permanent Resident
 Temporary

Immigrant (mandatory if you answered "Canadian Citizen" above)

- Yes No

Year of Immigration _____

Voluntary Disclosure

Your responses to the following questions are entirely voluntary and will not affect your application to participate in an apprenticeship but it may limit you/or your sponsor's eligibility to receive certain financial incentives now or in the future. The information will be used by Canada and Ontario for policy analysis and statistical purposes related to employment programs and services.

Self-Identification

Please indicate which of the following group(s) you self-identify with

- Person with a Disability
 Racialized Person
 Indigenous Person (First Nations, Métis or Inuit)
 Prefer not to answer

If you self-identify as an Indigenous person, are you

- First Nations
 Métis
 Inuit
 Prefer not to answer

Additional Information

Name of School

Co-operative Education Teacher Name (First Name and Last Name)

Teacher Telephone Number

Start Date of Co-op Placement (dd/mm/yyyy)

End Date of Co-op Placement (dd/mm/yyyy)

Hours per Week

Required Documentation Verified

Transcript School Verification Form

Collection and Use of Personal Information

The goal of OYAP is to increase apprenticeship participation to ensure that Ontario has the skilled labour necessary to support growth and attract investment. Your personal information on this form as well as your graduation date will be used by the ministry to administer and finance OYAP, including monitoring and evaluating OYAP; conducting policy and statistical analysis; and reporting to Canada about the results of OYAP as required under the Labour Market Development Agreement (LMDA) between Canada and Ontario. The ministry will collect relevant personal information indirectly from your secondary school and employer for these purposes and may also disclose your personal information to these organizations. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to OYAP. The ministry may use the services of auditors, contractors or other third party administrators to administer and finance OYAP.

The ministry collects, uses and discloses your personal information under the authority of the *Building Opportunities in the Skilled Trades Act, 2021*; and s. 266.3(3) of the *Education Act*, R.S.O. 1990, c. E. 2, as amended and s. 2 of O. Reg. 440/01; and the LMDA.

Questions about the collection, use and disclosure of your personal information may be addressed to the Manager, Employment Ontario Contact Centre, Ministry of Labour, Immigration, Training and Skills Development, 33 Bloor St E, 2nd floor, Toronto ON M7A 2S3, toll-free: 1-800-387-5656; Toronto: 416-326-5656; TTY: 1-866-533-6339.

By signing this form, you give consent to the ministry to collect, use and disclose personal information about you where relevant to the administration and financing of OYAP.

Signature of Applicant

Signature of Parent (if applicant under 18)

Date (dd/mm/yyyy)