

YOUTH EMPLOYMENT STRATEGY - PARTICIPANT INFORMATION FORM

The information you provide on this form is collected under the authority of section 7 of the Department of Employment and Social Development Act for the purposes of determining your eligibility to participate in the Youth Employment Strategy program. The Social Insurance Number (SIN) is collected in accordance with the Treasury Board Directive on Social Insurance Number which lists the Youth Employment Strategy as an authorized user of the SIN. The SIN will be used for determining your eligibility to participate.

Participation in the Youth Employment Strategy is voluntary. Refusal to provide information will result in you not being eligible to participate. The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

Your personal information is administered in accordance with the Department of Employment and Social Development Act, the Privacy Act and other applicable laws. You have the right to the protection of, and access to, your personal information, which is described in the Personal Information Banks ESDC PPU 706. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following web site address: <http://www.infosource.gc.ca>. Info Source may also be accessed on-line at any Service Canada Centre.

PART A - PARTICIPANT INFORMATION - TO BE COMPLETED BY THE CONTRIBUTION RECIPIENT

Name of Contribution Recipient		Project Number
<div>PROGRAM<div>SKILLS LINK</div><input type="checkbox"/></div> OR <div>CAREER FOCUS</div> <input type="checkbox"/>		
Intervention Titles		
<div><input type="checkbox"/> Individual Skills Enhancement</div> <div>Start Date (yyyy-mm-dd)</div> <div>End Date (yyyy-mm-dd)</div>	<div><input type="checkbox"/> Employability Skills through Entrepreneurship</div> <div>Start Date (yyyy-mm-dd)</div> <div>End Date (yyyy-mm-dd)</div>	
<div><input type="checkbox"/> Group-based Employability Skills</div> <div>Start Date (yyyy-mm-dd)</div> <div>End Date (yyyy-mm-dd)</div>	<div><input type="checkbox"/> Work Experience</div> <div>Start Date (yyyy-mm-dd)</div> <div>End Date (yyyy-mm-dd)</div>	
<div><input type="checkbox"/> Employment Services (e.g. resume writing, interview advice, job placement support)</div> <div>Start Date (yyyy-mm-dd)</div> <div>End Date (yyyy-mm-dd)</div>	<div><input type="checkbox"/> Employability Skills through Work Experience</div> <div>Start Date (yyyy-mm-dd)</div> <div>End Date (yyyy-mm-dd)</div>	

PART B - PARTICIPANT INFORMATION - TO BE COMPLETED BY THE PARTICIPANT

Surname (as appears on SIN card)	Given Name and Initial (as appears on SIN card)	Social Insurance Number
Email Address		
Permanent Address		City
Province	Postal Code	Telephone Number
Do you meet the basic eligibility criteria outlined on page 2? <div>YesNo</div>		
Are you currently in receipt of Employment Insurance? <div>YesNo</div>		
Date of Birth (yyyy-mm-dd)	Residency Status <div>Canadian CitizenPermanent ResidentRefugee under the Immigration and Refugee Protection Act</div>	
Language Preference <div>EnglishFrench</div>		

The Federal Government is committed to equity in employment.
You are encouraged to complete the following voluntary questions and indicate if you are a member of any of these groups.

Gender <div>MaleFemale</div>	Member of a Visible Minority <div>YesNo</div>	Person with Disability <div>YesNo</div>
Aboriginal Group <div>Registered on-reserveRegistered off-reserveNon statusMetisInuit</div>		

PART C - TO BE COMPLETED BY THE CONTRIBUTION RECIPIENT AFTER THE INTERVENTION

Initial result upon completion		12-week follow-up for 'not employed' and 'unknown' results	
Participant Did Not Complete The Intervention(s)		Participant Completed The Intervention(s)	
Reason	Date of Early Termination	Participant is Now	Date of Completion
Abandoned		Employed / Self-employed	
Employed / Self-employed	(yyyy-mm-dd)	Returned to school / Stay in school	(yyyy-mm-dd)
Cannot be reached		Not employed	
Returned to school / Stay in school		Unknown	
Other		NOTE: Please complete end dates for interventions in Part A.	
(e.g. maternity leave)			
For work experience:			
National Occupational Classification	North American Industry Classification System	Small or Medium enterprise (between 1 - 499 employees)	
		YesNo	
Type of Employer:			
PrivatePublicNon-for-profitOther:			

Participant Consent To Release Information

I, _____ the undersigned, give my consent for _____
(Name of Participant)(Contribution Recipient)

to release the information contained in this form regarding my participation in a YES program to ESDC. I acknowledge that the information is collected and administered in accordance with the Department of Employment and Social Development Act, Privacy Act and applicable laws, and that it may be used to determine my eligibility for the YES program and provided to ESDC for the evaluation and accountability of the YES program. I may be contacted in the future by ESDC regarding my participation in the program.

Participant's Signature

Date (yyyy-mm-dd)

ESDC USE ONLY	_____ Date Received (yyyy-mm-dd)	_____ Date of Entry (yyyy-mm-dd)	_____ Name
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SKILLS LINK

Basic Criteria

At the time of intake/selection, you were:

Participant Consent To Release Information

- Between 15 and 30 years of age (inclusive)
- A Canadian citizen, permanent resident, or person who has been granted refugee status in Canada under the Immigration and Refugee Protection Act
- Legally entitled to work according to the relevant provincial legislation and regulations
- Not in receipt of Employment Insurance (EI) benefits (this does not apply if you are participating in the Employment Services component of Skills Link)
- In need of assistance in order to overcome employment barriers which include but are not limited to:
 - High school non-completion
 - Disability
 - Aboriginal origin
 - Residence in a rural or remote location
 - Lone (single) parent
 - Visible or ethnic minority
 - Official language minority community language barriers (i.e. Francophone residing outside of Quebec or Anglophone residing in Quebec)
 - Recent immigrant
 - Other

Please note that underemployment by definition is not considered as an obstacle for employment. It must be combined with other enumerated reasons.

CAREER FOCUS

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:

- Between 15 and 30 years of age (inclusive)
- A Canadian citizen, permanent resident, or person who has been granted refugee status in Canada under the Immigration and Refugee Protection Act
- Legally entitled to work according to the relevant provincial legislation and regulations
- Not in receipt of Employment Insurance (EI) benefits

PARTICIPANT INFORMATION FORM INSTRUCTIONS FOR CONTRIBUTION RECIPIENTS

The Participant Information Form (also referred to as the PIF) is used to collect information to determine a participant's eligibility for the Career Focus and Skills Link programs and to record the results of a participant's involvement in these activities.

Part A: Project Information

Part A should be completed by the contribution recipient for each participant upon selecting the participant for participation.

The '*Project Number*' is the number that appears on the contribution recipient's agreement.

The section '*Intervention Titles*' should reflect the type(s) and dates of the activities in which the participant will participate. The start and end dates need to be accurate. If they change, please submit an amended form.

Please note for Career Focus, the only intervention which applies is Work Experience.

Part B: Participant Information

The contribution recipient may complete this section on behalf of participants, provided the participant reviews the information and signs the paper copy of the form, as proof of consent to share the information with Employment and Social Development Canada (ESDC). A copy of the signed consent must be maintained in the contribution recipient's files and may be verified when the project is monitored.

It is mandatory to provide the participant's contact and personal information as identified at the beginning of this section. The name of the participant entered should match the name used on their Social Insurance Number card as this will be used to verify eligibility.

Questions on receipt of Employment Insurance will be used to determine eligibility for programming.

The '*Residency Status*' question will also be used to verify the participant's eligibility for the Career Focus or Skills Link programs. All basic eligibility criteria are stated on page 2 of the PIF.

For '*Language Preference*', the participant's official language of choice must be specified.

The questions on '*Gender*', '*Member of a Visible Minority*', '*Person with Disability*' and '*Aboriginal Group*' are not mandatory, but are requested for program evaluation purposes.

As mentioned above, the '*Participant Consent to Release Information*' must be signed and dated by the participant as this is the consent to release to ESDC officials the information contained in the form.

Part C: To be completed by Contribution Recipient

Part C is to be filled out only when the participant has completed his or her activity or is no longer participating in the project.

This section uses the Career Focus and Skills Link key indicators and must be completed.

In cases where a participant did not complete the activity, the reason and date termination occurred should be indicated.

In cases where a participant completes the activity and has found employment, the completion date should be indicated.

If a participant has completed their activity but has not returned to school or is not employed, the contribution recipient is required to follow-up with the participant 12 weeks following the completion date of the activity in order to verify if this status has changed.

For participants who completed a work experience intervention, three additional fields are mandatory:

- National Occupational Classification - The NOC is the nationally accepted coding system for occupations in the Canadian labour market. The four digit code of the occupation best describing the participant's work experience is to be recorded on the template. A list of NOC codes can be found at the following link:
<http://www5.hrsdc.gc.ca/NOC/English/NOC/2011/Welcome.aspx>
- North American Industry Classification System - indicates the sector in which the wage subsidy took place. The codes can be found here:
<http://www.statcan.gc.ca/pub/12-501-x/12-501-x2012001-eng.pdf>
- A response as to whether the wage subsidy took place with a small or medium-sized employer (1-499 employees).