

Participant Information Form (PIF)

PART A INTERVENTIONS PROVIDED TO THE PARTICIPANT

Mission Community Skills
Name of Contribution Recipient: **CENTRE SOCIETY**

Project Number: **019521657**

Intervention Titles: **EXPRESS TO SUCCESS**

<input type="checkbox"/> Quality Employment Opportunity	<input type="checkbox"/> Mentorship or Coaching
<input checked="" type="checkbox"/> Employment Services	<input type="checkbox"/> Case Management or Client Assessment
<input type="checkbox"/> Accredited Skills Training	<input type="checkbox"/> Other supports to enable youth to participate in a work or training opportunity *see definition page 3
<input type="checkbox"/> Employment Skills Training	Interventions start date (yyyy-mm-dd) _____
<input type="checkbox"/> Entrepreneurship Skills Training	

PART B - PARTICIPANT PERSONAL INFORMATION

First Name (as it appears on SIN card)	Last Name (as it appears on SIN card)	Social Insurance Number

Date of Birth (yyyy-mm-dd)	Postal Code:
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LANGUAGE PREFERENCE

<input type="checkbox"/> English	<input type="checkbox"/> French
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PERSONAL INFORMATION ON EMPLOYMENT EQUITY

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
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Racialized* Youth (*someone affected by racism or discrimination)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Person with Disability

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Indigenous Group

<input type="checkbox"/> Registered on-reserve	<input type="checkbox"/> Registered off-reserve	<input type="checkbox"/> Non Status	<input type="checkbox"/> Metis	<input type="checkbox"/> Inuit	<input type="checkbox"/> N/A
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New Immigrant (Definition: *New Immigrant: is a person who has moved from their country of origin (their homeland) to another country to become a citizen of that country and has been in that country for less than 5 years.*)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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LEVEL OF EDUCATION (PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR CURRENT SITUATION)

<input type="checkbox"/> Elementary incomplete	<input type="checkbox"/> Elementary complete	Year completed (yyyy) : _____
<input type="checkbox"/> Secondary incomplete	<input type="checkbox"/> Secondary complete	Year completed (yyyy) : _____
<input type="checkbox"/> Post-secondary incomplete (College, CEGEP, etc...)	<input type="checkbox"/> Post-secondary complete (College, CEGEP etc)	Year completed (yyyy) : _____
<input type="checkbox"/> University incomplete	<input type="checkbox"/> University complete	Year completed (yyyy) : _____

Are you in receipt of, or have you made an application to: EI (Employment Insurance)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Signature:	Date:
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PART C - TO BE COMPLETED BY THE CONTRIBUTION RECIPIENT AFTER THE INTERVENTION**INITIAL RESULT UPON COMPLETION****Participant Completed Intervention/Placement**

Date of Completion (yyyy-mm-dd) : _____

Participant is now

- ☐ Employed in quality employment
- ☐ Self-employed in quality employment
- ☐ Returned to school
- ☐ Returned to training
- ☐ Not employed
- ☐ Not returned to school
- ☐ Not returned to training
- ☐ Cannot be reached
- ☐ None of the above

Participant Did Not Complete Intervention/Placement

Date of Early Termination (yyyy-mm-dd) : _____

Reason

- ☐ Employed in quality employment
- ☐ Self-employed in quality employment
- ☐ Returned to school
- ☐ Returned to training
- ☐ Not employed
- ☐ Not returned to school
- ☐ Not returned to training
- ☐ Cannot be reached
- ☐ None of the above

- ☐ 12 week follow-up for "not employed", "not returned to school", "not returned to training" and "cannot be reached" results

Result

- ☐ Employed in quality employment
- ☐ Self-employed in quality employment
- ☐ Returned to school
- ☐ Returned to training
- ☐ Cannot be reached
- ☐ None of the above

For Quality Employment Opportunities / Entrepreneurship Skills Training:

National Occupational Classification

North American Industry Classification System

Small or Medium Enterprise (between 1 - 499 employees)

☐ Yes☐ No

Type of Employer

- ☐ Private
- ☐ Public
- ☐ Not-for-Profit
- ☐ Other:

Participant received supports to enable them
to participate in quality employment
opportunity / entrepreneurship skills training

☐ YES☐ NO