

Ce formulaire est aussi disponible en français

**For Service Provider**

Service Provider Name	Service Provider Agreement Number	Service Delivery Site ID	TCU Region	TCU Office

**Participant Identification**

Last Name		First Name		
Social Insurance No.		Preferred Language of Service <input type="checkbox"/> English <input type="checkbox"/> French		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed		Date of Birth YYYY   MM   DD		

**Address**
**Mailing Address**

Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code

**Contact**
**Primary Telephone**

<input type="checkbox"/> Home	Area Code	Tel. No.	Ext.
<input type="checkbox"/> Mobile			
<input type="checkbox"/> Other			

**Alternate Telephone**

<input type="checkbox"/> Home	Area Code	Tel. No.	Ext.
<input type="checkbox"/> Mobile			
<input type="checkbox"/> Other			

Email Address

**Profile Information**

 Select your **Highest** Level of Education

<input type="checkbox"/> Grade 0 – 8	<input type="checkbox"/> Grade 12 (or equivalent)	<input type="checkbox"/> Journeyperson	<input type="checkbox"/> Applied Degree
<input type="checkbox"/> Grade 9	<input type="checkbox"/> OAC	<input type="checkbox"/> Some College	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Some Apprenticeship	<input type="checkbox"/> Certificate/Diploma	<input type="checkbox"/> Post Graduate
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Certificate of Apprenticeship	<input type="checkbox"/> Some University	

**Source of Income**

<input type="checkbox"/> Employment Insurance (EI)	<input type="checkbox"/> Ontario Disability Support Program (ODSP)
<input type="checkbox"/> Ontario Works (OW)	<input type="checkbox"/> Dependent of OW/ODSP
<input type="checkbox"/> Crown Ward Extended Care and Maintenance	<input type="checkbox"/> No Income
<input type="checkbox"/> Other, <i>specify</i> :	

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"/> Visible Minority
<input type="checkbox"/> Person With Disability
<input type="checkbox"/> Aboriginal

### Client Summary (Service Provider Use Only)

Intervention Start Date	YYYY	MM	DD	Intervention End Date	YYYY	MM	DD

Reason for withdrawal (if leaving activities early)

Not Applicable     
  Started a Business     
  Medical     
  Moved     
  Left Labour Force  
 Found Employment     
  Personal Reasons     
  Program Unsuitable     
  Lost Contact     
  Other

Date of Early Withdrawal (if applicable )

YYYY	MM	DD

Result of intervention at 12-week follow-up

Employed Full-Time     
  Employed Part-Time     
  Self-Employed     
  Unemployed

### Notice of Collection and Consent

Your Service Provider delivers the Ontario Employment Assistance Services under an agreement with the Ministry of Training, Colleges and Universities (Ministry) and is required to make its books and records available to the Ministry for inspection, investigation or audit. Your Service Provider is also required to report to the Ministry on:

- the service it tailors and provides to you
- your educational, training and employment progress and outcomes
- your satisfaction with the service you receive

The Ministry will also collect relevant personal information from Canada if necessary to determine your eligibility for and the nature and level of Employment Insurance benefits and to monitor, assess and evaluate the effectiveness of the Ontario Employment Assistance Services. Depending on the type of service or support you receive, the Ministry may also collect personal information indirectly from your employer.

The Ministry will use your personal information to administer and finance the Ontario Employment Assistance Services. For purposes of administering the Ontario Employment Assistance Services, client information collected on this form will be recorded, either by the Service Provider or Ministry. Note: The Ministry may use contractors and auditors to administer and finance the Ontario Employment Assistance Services.

- Administration includes:
- Assessing the performance of your Service Provider – its effectiveness, efficiency and customer service results; monitoring, inspecting, investigating, auditing and enforcing your Service Provider’s compliance with its agreement with the Ministry;
  - Planning, evaluating and monitoring the 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 the Ontario Employment Assistance Services – You may be contacted to request your voluntary participation in public relations campaigns related to Ontario Employment Assistance Services.

The Ontario Employment Assistance Services are funded by the Ministry, in part with funds provided by Canada under Part II of the *Employment Insurance Act*. Under the Labour Market Development Agreement (LMDA) between Canada and Ontario, the Ministry is required to collect your social insurance number to provide reports to Canada to allow it to monitor and assess the Employment Insurance Program as required under s. 3 of the *Employment Insurance Act*. For example of such a report, see: [http://www.hrsdc.gc.ca/eng/employment/ei/monitoring\\_assessment/index.shtml](http://www.hrsdc.gc.ca/eng/employment/ei/monitoring_assessment/index.shtml).

The Ministry collects your personal information in accordance with s. 38(2) of the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990. c. F.31, as amended, the LMDA, the Labour Market Agreement between Canada and Ontario, ss. 3, 63 and 139 of the *Employment Insurance Act*, S.C. 1996, C.23, as amended, s. 76.29 of the Employment Insurance Regulations, SOR/96-332, ss. 10, 34(1) and 36(1) of the *Department of Human Resources and Skills Development Act*, S.C. 2005, C.34 AND S. 8 OF THE *Privacy Act*, R.S. 1985, c. P-21, as amended.

For more information about the collection and use of your personal information to administer and finance the Ontario Employment Assistance Services you can contact the Manager, Employment Ontario Hotline, in writing at the Ministry of Training, Colleges and Universities, 33 Bloor Street East, 2nd Floor, Toronto ON M4W 3H1 or by phone at 1 800 387-5656. <http://www.tcu.gov.on.ca/eng/threeWays.html>.

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

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

Signature of Participant

X \_\_\_\_\_

Date

YYYY	MM	DD

Signature of Participant

X \_\_\_\_\_

Date

YYYY	MM	DD