

OEAS Client Reporting Template Data Definitions

FIELD NAME	FIELD DESCRIPTION	FORMAT	MANDATORY/ OPTIONAL	DATA DEFINITIONS
First Name	participant's first name	Text	M	
Last Name	participant's last name	Text	M	
SIN	Social Insurance Number	### ##	M	
Preferred Language of Service	participant's official language	Drop-down List: <ul style="list-style-type: none"> ▪ English ▪ French 	M	
Gender	participant's gender	Drop-down List: <ul style="list-style-type: none"> ▪ Male ▪ Female ▪ Undisclosed 	M	
Date of Birth	participant's date of birth	Date Format: (DD/MM/YYYY)	M	
Street Number, Address, and Unit	number and street name of participant's residence	Text	M	
City	city of participant's residence	Text	M	
Postal Code	postal code of participant's residence	Alpha Numeric Format: a#a #a# (3 characters, space, 3 characters)	M	
Telephone Number with Area Code	participant's contact number	Numeric Format: Format: ### ## (10 digits)	M	
Email Address	participants' email if available	Text		
Highest Completed Level of Education	participant's highest level of education completed	Drop-down List: <ul style="list-style-type: none"> ▪ Grade 0-8 ▪ Grade 9 ▪ Grade 10 ▪ Grade 11 ▪ Grade 12 (or equivalent) ▪ OAC ▪ Certificate/Diploma ▪ Certificate of Apprenticeship ▪ Journeyperson ▪ Applied Degree ▪ Bachelor's Degree ▪ Post Graduate ▪ Some Apprenticeship ▪ Some College ▪ Some University 	M	

FIELD NAME	FIELD DESCRIPTION	FORMAT	MANDATORY/ OPTIONAL	
Source of Income	participant's source of income	Drop-down List: <ul style="list-style-type: none"> ▪ EI ▪ Non EI (Other) ▪ Ont Works ▪ ODSP ▪ No Income ▪ Dep. Of OW/ODSP ▪ Crown Ward 	M	
Self-Identified Designated Group - Persons with Disability	did participant self identify as a person with a disability	Drop-down List: <ul style="list-style-type: none"> ▪ Yes ▪ No 	M	<p>disability" means (someone who has),</p> <p>(a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,</p> <p>(b) a condition of mental impairment or a developmental disability,</p> <p>(c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,</p> <p>(d) a mental disorder, or</p> <p>(e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997;</p>
Self-Identified Designated Group - Aboriginal	did participant self identify as an aboriginal	Drop-down List: <ul style="list-style-type: none"> ▪ Yes ▪ No 	M	The aboriginal and treaty rights of the Aboriginal peoples of Canada are recognized and affirmed in the Constitutions Acts of 1867 to 1982 (section 35). Section 35 (2) indicates that Aboriginal peoples of Canada include Indian, Inuit, and Métis peoples. I
Self-Identified Designated Group - Immigrant	did participant self identify as an Immigrant	Drop-down List: <ul style="list-style-type: none"> ▪ Yes ▪ No 	M	
Intervention Start-Date	start date	Date Format: (DD/MM/YYYY)	M	
Intervention End-Date	end date	Date Format: (DD/MM/YYYY)	M	
Reason for Withdrawal (if leaving activities early)	Reason participant left program early (if participant withdrew prior to completing program)	Drop-down List: <ul style="list-style-type: none"> ▪ Found Employment ▪ Started a Business ▪ Personal Reasons ▪ Medical or Other Reasons ▪ Program Unsuitable ▪ Moved ▪ Lost Contact ▪ Left Labour Force 	M	
Result of Intervention		Drop-down List: <ul style="list-style-type: none"> ▪ Employed Full-Time ▪ Employed Part-Time ▪ Self Employed ▪ Unemployed 	M	