

### Skills Development Fund (SDF) Participant Registration

Fields marked with an asterisk (\*) are mandatory. Staff is available to help you complete this form.

#### Service Provider Use Only

Date of Registration

#### Participant Details

Last Name\*

First Name\*

Middle Initial

Preferred Name

Date of Birth\*

I identify as:\*

Man    Woman    Transgender    Gender non-binary    Two-spirit

Another gender identity (Specify)

Prefer not to say    Do not know

Status in Canada\*    Canadian Citizen    Permanent Resident    Naturalized Canadian Citizen

Protected Persons    Prefer not to say

Other

Preferred Language\*    English    French

Preferred Communication    Phone    Email    Hard Copy

Marital Status\*    Married    Common Law    Separated

Divorced    Widowed    Single

Prefer not to say

## Participant Address and Contact Information

### Primary Mailing Address

Unit Number	Street Number*	Street Name*	PO Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town*	Province*	Postal Code*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Alternate Mailing Address

Unit Number	Street Number	Street Name	PO Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	Province	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Primary Phone Number\*

Home  Mobile  Other

Telephone Number

### Alternate Phone Number

Home  Mobile  Other

Telephone Number

Email

## Profile Information

### Labour force attachment

- Employed
- Self-Employed
- Employed, but currently on a leave
- Unemployed
- Not employed and looking for work
- Not employed with an employment offer
- Not employed and not looking for work
- Not employed and unable to work
- Attending a school (elementary, high school or equivalent)
- Attending a university
- Attending a college
- Registered in an apprenticeship program
- In other training or skills development program
- Not sure
- Prefer not to say

## Source of Income

- Employment Insurance (EI) \*
- Ontario Works (OW)
- Ontario Disability Support Program (ODSP)
- Crown Ward Extended Care and Maintenance
- Dependent of OW/ODSP
- No income
- Employed with employer
- Self-Employed
- Non-EI (other)
- Other (Specify)

**\*Note for individuals who selected EI:** Your Social Insurance Number will be used by Canada to help monitor and assess the EI program and the Service Provider to request approval to continue to receive regular EI benefits in order to take part in training programs and other employment activities.

Social Insurance Number\*

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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. (You may select more than one option):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Newcomer          | <input type="checkbox"/> Francophone            | <input type="checkbox"/> First Nations     |
| <input type="checkbox"/> Racialized Person | <input type="checkbox"/> Person with Disability | <input type="checkbox"/> Métis             |
| <input type="checkbox"/> Veteran           | <input type="checkbox"/> Inuit                  | <input type="checkbox"/> Prefer not to say |

## Education

Indicate your Highest Level of Education/Qualification:

- |  |   |   |
|--|---|---|
| <input type="radio"/> Grade 0 - 8              | <input type="radio"/> OAC                           | <input type="radio"/> Bachelor's Degree |
| <input type="radio"/> Grade 9                  | <input type="radio"/> Certificate of Apprenticeship | <input type="radio"/> Post Graduate     |
| <input type="radio"/> Grade 10                 | <input type="radio"/> Journeyperson                 | <input type="radio"/> Other             |
| <input type="radio"/> Grade 11                 | <input type="radio"/> Certificate/Diploma           |   |
| <input type="radio"/> Grade 12 (or equivalent) |   |   |

## Employment

List your work experience, including volunteer work. Start with the most recent job/volunteer activity.

### Work Experience

Employment Type:  Paid  Self-Employed  Unpaid  Volunteer

Name of Employer

Job Title/Duties

Employment Start Date  Employment End Date

Country of Employment

Preferred method of reporting wage:  Hourly  Weekly  Bi-Weekly  Monthly  Yearly

Wage Amount (\$) \*

Hourly wage (including tips and commissions) (\$) \*

Average Paid Hours per Week (excluding overtime) \*

Reason for Leaving

**Service Provider Use Only** NOC\*

NAICS\*

### Additional Work Experience (if applicable)

Employment Type:  Paid  Self-Employed  Unpaid  Volunteer

Name of Employer

Job Title/Duties

Employment Start Date  Employment End Date

Country of Employment

Preferred method of reporting wage:  Hourly  Weekly  Bi-Weekly  Monthly  Yearly

Wage Amount (\$) \*

Hourly wage (including tips and commissions) (\$) \*

Average Paid Hours per Week (excluding overtime) \*

Reason for Leaving

**Service Provider Use Only** NOC\*

NAICS\*

## Notice of Collection and Consent - Skills Development Fund Sole

Organizations delivering Skills Development Fund under an agreement with the Ministry of Labour, Training and Skills Development (the "Ministry") are required to make its records available to the Ministry for inspection, investigation or audit.

For those organizations in a Partnership Agreement with a lead organization, please note that the lead organization has an agreement with the Ministry. In accordance with the Partnership Agreement your information will be shared with the lead organization. The lead organization, in turn, will share your information with the Ministry. The partnership agreement requires that your organization make its records available to the lead organization. In turn, the lead organization will share your information with the Ministry for inspection, investigation, or audit, as appropriate and as necessary.

Your organization/the lead organization in the consortia is also required to report to the Ministry on:

- The service it tailors and provides you;
- Your employment progress and outcome; and
- Your satisfaction with the services you receive.

The Ministry will also collect relevant personal information about you from the Government of Canada (Canada) if necessary. The purpose of this information is to determine your eligibility for Employment Insurance benefits, the nature and level of Employment Insurance benefits, and to monitor, assess and evaluate the effectiveness of Skills Development Fund. Depending on the type of service or support you receive and any incentives available to your employer to hire you, your organization or the Ministry may also collect personal information about you from your employer. The Ministry may use contractors and auditors to administer and finance Skills Development Fund.

Administration includes:

- Assessing the performance of your organization, its effectiveness, efficiency and customer service results; monitoring, inspecting, investigating, auditing and enforcing your organization's compliance with its agreement with the ministry.
- Planning, evaluating and monitoring Skills Development Fund - this includes conducting surveys, and conducting policy and statistical analysis and research related to all aspects of Skills Development Fund. You may be contacted to request your voluntary participation in surveys.
- Promoting Skills Development Fund - you may be contacted to request your voluntary participation in public relations campaigns related to Skills Development Fund.

If you are a client of, or applying to, the Ontario Disability Support Program or Ontario Works, the Ministry will provide your personal information to the Ministry of Children, Community and Social Services (MCCSS) for the purposes of administering employment services and managing the participation of MCCSS clients within employment support programs under the Ontario Works Act, 1997, and the Ontario Disability Support Program Act, 1997.

Skills Development Fund is funded by the Ministry, in part with funds provided by Canada under Part II of the Employment Insurance Act. When funds are provided by Canada, the ministry is required to provide information to Canada to help monitor and assess the Employment Insurance Program, as required under s.3 of the Employment Insurance Act.

Under the Labour Market Development Agreement between Canada and Ontario (LMDA) and the Workforce Development Agreement between Canada and Ontario (WDA), the Ministry is required to collect social insurance numbers from EI beneficiaries to request approval to continue to receive regular EI benefits in order to take part in training programs and other employment activities.

The Ministry collects your personal information pursuant to the LMDA and WDA, ss. 3 and 63 of the Employment Insurance Act, S.C. 1996, C.23 as amended, and s.76.29 of the Employment Insurance Regulations, SOR/96-332. The Ministry will collect personal information from clients who identify as Ontario Disability Support Program or Ontario Works recipients and disclose your personal information to MCCSS in accordance with the s.71 of the Ontario Works Act, 1997, and s.53 of the Ontario Disability Support Program Act, 1997.

For more information about the collection and use of your personal information to administer and finance Skills Development Fund, you can contact the Manager, Employment Ontario Call Centre, in writing at the Ministry of Labour, Training and Skills Development, 33 Bloor Street East, 2nd Floor, Toronto, Ontario M7A 2S3 or by phone at 1-800-387-5656. For the hearing impaired, TTY is available at 1-866-533-6339.

## Signatures

- I/we acknowledge that my Service Provider has explained its use and disclosure of my personal information for its purpose.

Participant's Name*	Date*
Parent's/Guardian's Name (if participant is under 18)	Date

- I/we give consent to the Ministry to indirectly collect, use and disclose my personal information for the purposes set out above.

Participant's Name*	Date*
Parent's/Guardian's Name (if participant is under 18)	Date