

**PARTICIPANT INFORMATION FORM**

**File Number (Source of Funding):**

CRF# \_\_\_\_\_   
 EI # \_\_\_\_\_

**Responsibility Centre (RC):** \_\_\_\_\_

*\*To be completed by administrator\**

**CLIENT IDENTIFICATION**

\_\_\_\_\_  
 Last Name First Name Middle Name(s)/Initials  
 \_\_\_\_\_  
 Maiden Name (if applicable) Date of Birth (YYYY-MM-DD) Social Insurance Number (SIN)

**GENDER**

Male  Female  Unspecified

**CONTACT INFORMATION**

\_\_\_\_\_  
 Apartment/Unit # (if applicable) Street Address or Box Number  
 \_\_\_\_\_  
 City/Town/Community Province Postal Code  
 \_\_\_\_\_  
 Telephone Number (including Area Code) Other Number for Messages Email Address

**SOURCE OF INCOME**

*Social Assistance Recipient* (Provincial OR First Nation):  No  Yes

*EI Claimant:*

Employment Insurance Claimant → Gross Weekly Rate: \$ \_\_\_\_\_ Number of Weeks Entitled: \_\_\_\_\_  
 Reach-Back\* Client/Former Client (\*On EI Regular Benefits in the last 3 years OR on Special Benefits (Maternity and Parental) in the last 5 years)  
 Non-Insured Client  
 Other (please specify): \_\_\_\_\_

**LANGUAGES SPOKEN**

English Only  French Only  English and French  
 Aboriginal Language(s) Only  Aboriginal Language(s) and English  Aboriginal Language(s) and French  
 Aboriginal Language(s), English and French  
 None of the Above Specify: \_\_\_\_\_

**ABORIGINAL GROUP**

Registered (status) Indian → \_\_\_\_\_  
 Non-status Indian Treaty # (Status Card #) Band Name Band Province  
 Métis  Inuit

**DISABILITY:**

No  Yes (Specify): \_\_\_\_\_

**MARITAL STATUS**

Married or Equivalent  Single  Divorced  Widowed  Separated

**CASE MANAGER:** \_\_\_\_\_

**CLIENT SIN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**NUMBER OF DEPENDANT CHILDREN**

*DEPENDENT CHILDREN:*

- No
- Yes →

*NUMBER OF DEPENDENT CHILDREN:*

\_\_\_\_ Under 18 Years

**CHILDCARE NEED:** (Is childcare required for this Action Plan?)

- No
- Yes\*

**CHILDCARE FUNDED:** (Choose type of support, if applicable) \*Childcare not provided by OSLP Training Program

- Not Applicable
- No Funding Received
- FNICCI
- Daycare Space Not Available
- EI/CRF
- Assisted by Family/Self-Funded
- Provincial Funding or Subsidy

**BARRIERS TO EMPLOYMENT: (CHOOSE ALL THAT APPLY)**

- None
- Lack of Transportation
- Education
- Lack of Marketable Skills
- Other Barrier Not Listed Above
- Lack of Labour Force Attachment
- Remoteness
- Economic
- Physical, Emotional or Mental Health
- Specify: \_\_\_\_\_
- Lack of Work Experience
- Language
- Dependant Care
- No Jobs Available

**EDUCATION LEVEL**

*Highest level of education attained*

- No Formal Education
- Up to Grade 7 – 8 (Secondary I = Grade 8)
- Grade 9 – 10 (Secondary II – III)
- Grade 11 – 12 (Secondary IV – V)
- Secondary School Diploma or GED
- Apprenticeship or Trades Certificate or Diploma
- University Certificate or Diploma
- University – Masters Degree

Province/Territory in which highest level of education was attained:

\_\_\_\_\_

- Some Post-Secondary Training
- College, CEGEP, or Other Non-University Certificate or Diploma
- University – Bachelors Degree
- University – Doctorate

**MOST RECENT WORK EXPERIENCE**

Name of Current/Former Employer	Dates of Employment (From/To)
Employer Address	Name of Supervisor and/or Contact #
Job Title	Reason for Leaving

**OTHER WORK EXPERIENCE**

Job Title	Reason for Leaving
Job Title	Reason for Leaving
Job Title	Reason for Leaving

**PARTICIPANT CONSENT TO RELEASE INFORMATION**

I, \_\_\_\_\_ the undersigned, give my consent for Opiikaapawin Services LP (OSLP) to \_\_\_\_\_ to  
*(Name of client)* *(Name of Agreement and/or Sub-Agreement Holder)*  
 release the information contained in this form regarding my participation in an ASETS/SPF program to HRSDC/Service Canada and Opiikaapawin Services LP (OSLP). I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that it may be used to determine my eligibility for the ASETS/SPF program and provided to HRSDC/Service Canada for the evaluation and accountability of the ASETS/SPF program.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

**CASE MANAGER:** \_\_\_\_\_

**CLIENT SIN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_