

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: _____ - _____ - _____