

Participant Information – Industry Canada’s CAP Youth Initiative

The information collected in this form will be used to determine your eligibility for the Youth Employment Strategy (YES) program and for subsequent evaluation and accountability purposes (Parts A, B and C only).

Human Resources and Skills Development Canada (HRSDC), on behalf of the Government of Canada, is responsible for the evaluation of the YES program in order to ascertain how beneficial the programs are to YES participants. Your help in providing accurate information is essential for HRSDC to evaluate the program and conduct participant surveys to ensure that the YES programs meet your needs.

The information you provide is collected under the authority of Privacy Act and other applicable privacy laws. No administrative decisions will be made about you based on the information provided to HRSDC. Completion of this form is voluntary; however, failure to do so may impact on you not being considered for the YES program and will negatively impact on the evaluation of the YES program by HRSDC. In order to conduct the evaluation activities, information from other sources (e.g. Canada Revenue Agency for income level) may be linked with this data.

The information you have provided for evaluation and accountability purposes will also be shared with your sponsoring department/agency.

The information is administered in accordance with the Privacy Act and applicable privacy laws. You have the right to the protection of, and access to, your personal information. It will be retained by HRSDC in Personal Information Bank HRSDC PPU 450, entitled Evaluation and Data Development. Instructions for obtaining this information are outlined in the government publication, entitled Info Source, a copy of which is located at all Human Resources Centres. Info Source is also available at the following web site address, <http://infosource.gc.ca>.

PART A. PROJECT INFORMATION – TO BE COMPLETED BY EMPLOYER

1 LEGAL NAME OF EMPLOYER Carlton Trail Regional College			
2 CITY, PROVINCE-TERRITORY Humboldt, SK		3 POSTAL CODE S0K 2A0	4 TELEPHONE NO. (306) 682-2623
5 TYPE OF EMPLOYER <input type="checkbox"/> CAP SITE <input type="checkbox"/> OTHER NOT-FOR-PROFIT <input type="checkbox"/> PRIVATE SECTOR <input type="checkbox"/> PUBLIC <input type="checkbox"/> OTHER			
6 PROGRAM / ACTIVITY <input type="checkbox"/> Summer Work Experience <input type="checkbox"/> Career Focus			

JOB INFORMATION

7 START DATE (y/m/d) ____/____/____	8 FINISH DATE (y/m/d) ____/____/____	9 POSITION TITLE CAP Youth Intern	10 HOURS PER WEEK	11 HOURLY/WEEKLY RATE \$10.00/hr
I hereby declare that no preference was given to the selection of an employee, who is a member of the immediate family of the employer*, or an officer or director of the employer*.				
SIGNATURE OF EMPLOYER*		NAME AND TITLE (PRINT)		DATE (y/m/d) ____/____/____

PART B. PARTICIPANT INFORMATION – TO BE COMPLETED BY THE PARTICIPANT

12 SURNAME		13 GIVEN NAME AND INITIAL		
14 PERMANENT ADDRESS			15 CITY	
16 PROVINCE		17 POSTAL CODE	18 TELEPHONE NUMBER () -	
19 NAME OF EDUCATIONAL INSTITUTION LAST ATTENDED		20 FIELD OF STUDY	21 YEAR OF BIRTH (y/m/d) ____/____/____	
22 HIGHEST LEVEL OF EDUCATION COMPLETED				
<input type="checkbox"/> GRADE 8 OR LESS	<input type="checkbox"/> SOME POST-SECONDARY EDUCATION BUT NOT UNIVERSITY (INCLUDING CEGEP)		<input type="checkbox"/> MASTER'S OR PHD INCOMPLETE	
<input type="checkbox"/> BETWEEN GRADE 9 AND 12	<input type="checkbox"/> UNIVERSITY INCOMPLETE (1 OR MORE YEARS)			
<input type="checkbox"/> GRADE 12 COMPLETED (SECONDARY SCHOOL)	<input type="checkbox"/> UNIVERSITY BACHELOR'S DEGREE COMPLETED		<input type="checkbox"/> MASTER'S OR PHD COMPLETED	
23 IN MY OPINION THIS POSITION IS RELATED TO MY FIELD OF STUDY YES <input type="checkbox"/> NO <input type="checkbox"/>		24 I WAS A FULL-TIME STUDENT DURING THE PRECEDING ACADEMIC YEAR YES <input type="checkbox"/> NO <input type="checkbox"/>		
25 I INTEND TO RETURN TO SCHOOL FULL-TIME IN THE UPCOMING ACADEMIC YEAR YES <input type="checkbox"/> NO <input type="checkbox"/>	26 WILL YOU HAVE ANY OTHER FULL TIME JOBS (I.E. 30 HOURS OR MORE PER WEEK) FOR THE DURATION SPECIFIED IN BOXES 5 AND 6 ABOVE YES <input type="checkbox"/> NO <input type="checkbox"/>		27 ARE YOU CURRENTLY IN RECEIPT OF EMPLOYMENT INSURANCE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
28 EMPLOYMENT STATUS AT START OF INTERVENTION <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student		29 RESIDENCY STATUS <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee under the Immigration and Refugee Protection Act <input type="checkbox"/> Other		
30 WHAT IS YOUR MOTHER TONGUE? THAT IS, THE LANGUAGE THAT YOU FIRST LEARNED AND STILL SPEAK. <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	31 LANGUAGE SPOKEN <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both	32 LANGUAGE WRITTEN <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both	33 LANGUAGE PREFERENCE <input type="checkbox"/> English <input type="checkbox"/> French	

The Federal Government is committed to equity in employment. You are encouraged to complete the following voluntary questions and indicate if you are a member of any of these groups.

34 GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	35 MEMBER OF A VISIBLE MINORITY Yes <input type="checkbox"/> No <input type="checkbox"/>	36 PERSON WITH DISABILITY Yes <input type="checkbox"/> No <input type="checkbox"/>
37 ABORIGINAL GROUP <input type="checkbox"/> Registered on-reserve <input type="checkbox"/> Registered off-reserve <input type="checkbox"/> Non status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit		

PARTICIPANT CONSENT TO RELEASE INFORMATION

I _____ (name of participant), the undersigned, give my consent for Carlton Trail Regional College (Contribution Recipient) to release the information contained in this form regarding my participation in a YES program to Industry Canada (name of department/agency) and HRSDC. I acknowledge that the information is collected and administered in accordance with the *Privacy Act* and applicable privacy laws, and that it may be used to determine my eligibility for the YES program and provided to Industry Canada (name of department/agency – strike out if dept is not using it for its own evaluation purposes) and HRSDC for the evaluation and accountability of the YES program.

Participant's Signature

Date (YYYY-MM-DD)

PART C – TO BE COMPLETED BY YOUTH SUPERVISOR AFTER INTERVENTION TERMINATION

<p>38 PARTICIPANT DID NOT COMPLETE THE INTERVENTION</p> <p>DATE OF EARLY TERMINATION _____ (YYYY-MM-DD)</p> <p>REASON</p> <ul style="list-style-type: none"> <input type="checkbox"/> Did not follow through <input type="checkbox"/> Employed / Self-employed <input type="checkbox"/> Moved <input type="checkbox"/> Not active in labour force <input type="checkbox"/> Returned to school <input type="checkbox"/> Other _____ 	<p>39 PARTICIPANT COMPLETED THE INTERVENTION</p> <p>DATE OF COMPLETION _____ (YYYY-MM-DD)</p> <p>PARTICIPANT IS NOW</p> <ul style="list-style-type: none"> <input type="checkbox"/> Searching for employment <input type="checkbox"/> Making career decisions <input type="checkbox"/> In skills enhancement <input type="checkbox"/> Returned to school <input type="checkbox"/> Employed / Self-employed <input type="checkbox"/> Not employed
<p>40 YOUTH SUPERVISOR'S NAME _____</p>	
<p>YOUTH SUPERVISOR'S SIGNATURE _____ DATE _____ (YYYY-MM-DD)</p>	
<p>MINISTERIAL USE ONLY – NAME OF DEPARTMENT/AGENCY:</p> <p>DATE RECEIVED _____ DATE OF ENTRY _____ NAME _____ (YYYY-MM-DD) (YYYY-MM-DD)</p>	

To assist us in capturing information on the youth programs as well as the results achieved, please indicate if you meet one of the two following criteria set:

1) Career Focus Criteria

At the time of intake/selection, you were:

- Between 15 and 30 years of age (inclusive)
- A student currently enrolled in a post-secondary institution, such as colleges, universities, schools of technology, CEGEP(college d'enseignement general et professionnel) or a youth who has completed at least 1 course at a university or other post-secondary institution
- A Canadian citizen, permanent resident, or person who has been granted refugee status in Canada
- Legally entitled to work according to the relevant provincial legislation and regulations
- Not in receipt of Employment Insurance (EI) benefits

OR

2) Summer Work Experience Criteria

At the time of intake/selection, you were:

- Between 15 and 30 years of age (inclusive)
- A student intending to return to school full time after the internship
- A Canadian citizen, permanent resident, or person who has been granted refugee status in Canada
- Legally entitled to work according to the relevant provincial legislation and regulations
- Not in receipt of Employment Insurance (EI) benefits