



# CAREER PREP PROGRAM

## Participant Form

Document Received By  
SkillsPEI

Office Use Only

- Eligible  
 Not Eligible

### A - POSITION

Please complete the following information regarding the position in which you are applying:

Employer:

Position:

### B - PERSONAL INFORMATION

Personal information on this form is collected under section 31(c) of the *Freedom of Information and Protection of Privacy Act R.S.P.E.I 1988 Cap. F-15.01*, as it relates directly to and is necessary for provisions of the Career Prep Program. The information collected on this application shall be used for eligibility and evaluation purposes. If you have any questions about this collection of personal information, you may contact the manager at your nearest SkillsPEI office, or call 1-877-491-4766.

SOCIAL INSURANCE NUMBER

FILE NUMBER (Office Use Only)

SURNAME

GIVEN NAME

MIDDLE NAME

ADDRESS

CITY/COMMUNITY

PROVINCE

POSTAL CODE

TELEPHONE NUMBER

OTHER CONTACT NUMBER

EMAIL ADDRESS

DATE OF BIRTH (YYYY/MM/DD)

GENDER

Male  Female

PREFERRED LANGUAGE OF SERVICE

English  French

PREFERRED LANGUAGE OF CORRESPONDENCE

English  French

Are you a Canadian Citizen? Yes  No

Permanent Resident? Yes  No

### C - EDUCATION

Field of Study/Program:

Educational Institution:

Are you a full-time student in the final year of a multi-year program?  Yes  No

Expected Date of Graduation:

Expected Level of Education upon Graduation (Check all that apply)

Certificate  Diploma  Bachelors Degree  Master's Degree  Phd



## D - Client Consent and Access to Career, Employment and Youth Services

The Department of Workforce and Advanced Learning and SkillsPEI respects your rights for privacy. As stated in the *Freedom of Information and Protection of Privacy Act (FOIPP)*, all clients: have the right to the protection of their personal information; have the right to access their personal information that is held within the department; and have the right to request the correction of their personal information if there has been an error or omission.

There are times when we may need to collect, use and disclose your personal information (including Full Name, Social Insurance Number, Gender, Date of Birth, Age, Level of Education, Mailing Address, Telephone Number, Email Address) as we plan, provide and coordinate career, employment and youth services. The sharing of your personal information relates directly to, and is necessary for your participation in the career, employment and youth services provided by the Department of Workforce and Advanced Learning and SkillsPEI. Additional information that may be shared for evaluation purposes may include but is not limited to employment status, work history, EI/Non EI eligibility, change in income level, and change in education level. If you have any questions about the collection, use or disclosure of your personal information, you may contact the Manager at your nearest SkillsPEI office or call 1-877-491-4766.

By signing this form, you are giving permission for the collection, use and disclosure of your personal information with other government departments, agencies, organizations and private sector employers. Some examples of these may include but are not limited to: Employment and Social Development Canada, Service Canada, Department of Family and Human Services, Post Secondary and Continuing Education, secondary and post-secondary institutions, community agencies which provide employment assistance and personal supports, and researchers who may contact the client for a follow up survey.

## E - DECLARATION

### I declare that:

- a) I have read and understood the information provided in the form;
- b) the information that I have provided to the Department of Workforce and Advanced Learning & SkillsPEI in this form and supporting documentation is true, accurate and complete in every respect;
- c) if the information described above is false or misleading, I may be required to repay some or all of the financial assistance that may be approved by the Department of Workforce and Advanced Learning & SkillsPEI.

### I consent to:

To the Department of Workforce and Advanced Learning and SkillsPEI to collect, use and disclose my personal information for assessing my eligibility for services; coordinating and providing follow-up services for me, and for program evaluation and research to improve the quality of programs and services offered.

### I agree that:

- a) any information I have provided in this form can be subject to a proof of evidence request at any time during the participation in the program.
- b) the information I have provided in this form shall be shared with departmental officials to contact me regarding program and services administered by the department.

| APPLICANT NAME<br>(PRINT) | SIGNATURE | DATE<br>(YYYY/MM/DD) |
|---------------------------|-----------|----------------------|
|                           |           |                      |



| OFFICIAL USE ONLY (ELIGIBILITY VERIFICATION) |           |
|--|-----------|
| DATE   | SIGNATURE |
|  |           |

| OFFICIAL USE ONLY (To be completed after work term is completed)  |           |  |  |
|---|-----------|--|--|
| Participant <b>Did Not Complete</b> the Intervention<br>Date of Early Termination:<br>_____<br><br>Reason:<br><br><input type="checkbox"/> Did not follow through<br><input type="checkbox"/> Employed<br><input type="checkbox"/> Self-Employed<br><input type="checkbox"/> Moved<br><input type="checkbox"/> Not Active in the Labour Force<br><input type="checkbox"/> Returned to School<br><input type="checkbox"/> Other: |           | Participant <b>Completed</b> the Intervention<br>Date of Completion:<br>_____<br><br>Participant is Now:<br><br><input type="checkbox"/> Searching for Employment<br><input type="checkbox"/> Making Career Decisions<br><input type="checkbox"/> Returning to School<br><input type="checkbox"/> Employed<br><input type="checkbox"/> Self-Employed<br><input type="checkbox"/> Unemployed<br><input type="checkbox"/> Other: |  |
| NOC   | NAIC      | <input type="checkbox"/> In Province<br><br><input type="checkbox"/> Out of Province   |  |
|   |           |  |  |
|   |           |  |  |
| DATE  | SIGNATURE |  |  |
|   |           |  |  |