



# Coast Salish Employment & Training Society

## Participant Information Form

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PROJECT NAME / TRAINING SPONSOR / CASE MANAGER					FILE NUMBER					
Last Name			First Name		Initials		SOCIAL INSURANCE NUMBER			
Street:					Phone:					
Town:				Province: B.C.		Postal Code:				
Date of Birth:	Day	Mo.	Yr.	Sex (circle one) Male <input checked="" type="radio"/> Female <input type="radio"/>			Number of Dependents:			
Aboriginal Group: Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Non-status aboriginal <input type="checkbox"/> Registered aboriginal <input type="checkbox"/> Non-aboriginal <input type="checkbox"/>										
E-mail: _____					Residence (circle one)		On-reserve <input checked="" type="radio"/>		Off-reserve <input type="radio"/>	
When you started the appointment/program, were you receiving Employment Insurance benefits?							YES	NO		
Have you received Employment Insurance within the last 3 years?							YES	NO		
Have you received Medical or Maternity Employment Insurance within the last 5 years							YES	NO		
Were you receiving Social Assistance at the time of this appointment?							YES	NO		
Start and completion dates of this intervention:					Day	START Month	Year	Day	FINISH Month	Year
Immediately before entering this training program, were you: ( circle one)										
Unemployed		In School		Self employed		At home		Employed F/T	Employed P/T	
Have you taken training within the last year?							YES		NO	
If YES, what course and where?										
Nature of Appointment: (Check one)										
Brief Service <input type="checkbox"/>	Ed. Planning <input type="checkbox"/>	Employment Assistance <input type="checkbox"/>	Update of file <input type="checkbox"/>	Youth <input type="checkbox"/>						
If you have a disability, please indicate what type:										
Hearing <input type="checkbox"/>	Agility <input type="checkbox"/>	Visual <input type="checkbox"/>	Motor Skills <input type="checkbox"/>	Developmental/Intellectual <input type="checkbox"/>	Speaking <input type="checkbox"/>					
Mental Health <input type="checkbox"/>	Other <input type="checkbox"/>									
What is the highest level of education you have completed? (Check one)		Elementary <input type="checkbox"/>	Secondary incomplete <input type="checkbox"/>	Secondary complete <input type="checkbox"/>	Post Secondary Incomplete <input type="checkbox"/>	Post-Secondary Complete <input type="checkbox"/>	University Incomplete <input type="checkbox"/>	University Complete <input type="checkbox"/>	Foreign Post Secondary <input type="checkbox"/>	

I acknowledge that this information is collected under authority of the Employment Insurance Act and the Aboriginal Human Resource Development Agreements and is administered in accordance with the Privacy Act. I authorize CSETS to provide this information to Human Resources Development Canada and to use it for accountability purposes.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**TO THE PARTICIPANT:** The information collected on this form is used:

- To determine your Employment Insurance status (some program costs may be funded from Employment Insurance funds)
- To provide data for the evaluation of programs
- To follow up on whether or not you are employed following the completion of your program. (You may be contacted for this information, by phone or letter.) All information collected will be treated as confidential, and is collected under the authority of agreements between Human Resources Development Canada, Coast Salish Employment & Training Society, and the sponsor / employer of your program