

## Personal Information

The Government of Canada ("Canada") provides funding for the Community Workforce Response Grant under the Canada-British Columbia Workforce Development Agreement (WDA), administered by the British Columbia Ministry of Post-Secondary Education and Future Skills ("PSEFS"), and under the Labour Market Development Agreement ("LMDA"), administered by the British Columbia Ministry of Social Development and Poverty Reduction ("SDPR").

All personal information related to your participation in a CWRG training opportunity is collected pursuant to sections 26(c), 26(e), 27(1)(a)(i), and s.27(1)(2) of the Freedom of Information and Protection of Privacy Act ("FOIPPA"). Under the authority of FOIPPA Section 32(a) this information will be used for administrative, evaluation, research, accountability and reporting purposes, including to determine your eligibility for participation in the Community Workforce Response Grant program and to meet federal reporting requirements under the WDA and LMDA.

Under the authority of Section 33.1(1)(d) and 33.2 (a) and 33.2 (l) of FOIPPA, the information collected may be disclosed to the BC government's Statistical Agency (BC Stats), the Department of Employment and Skills Development Canada (ESDC), and/or the Canada Employment Insurance Commission (CEIC) for the purposes of administering the Employment Insurance Act. The CEIC may also use your Personal Information for policy analysis, research or evaluation purposes.

Under the authority of Section 3.6 of the LMDA, if you are currently in receipt of Employment Insurance (EI) benefits, a referral under Section 25 of the EI Act may be placed on your EI claim, to allow you to continue to receive EI benefits, up to the end of your EI benefit period, while you participate in the Community Workforce Response Grant program.

All Community Workforce Response Grant training participants are required to complete two satisfaction surveys at approximately 3 months and 12 months following completion of their training ("Outcome Surveys"). The Outcome Surveys will ask basic questions about the outcomes of training and whether the training met your employment needs.

You may also be asked if you wish to, or you may volunteer to, provide a testimonial regarding your Community Workforce Response Grant training experience ("Testimonial"). Testimonials, and any Personal Information that you choose to include in a Testimonial, may be used and disclosed to the public to promote the Community Workforce Response Grant program.

## Consent and Certification

Effective as of the date set out below, and in consideration of the opportunity for me to participate in Community Workforce Response Grant training,

I, :  
(Print your first and last name above.)

- consent to the collection use, and disclosure of my Personal Information for purposes set out above;
- consent to my Personal Information being used to contact me to conduct the Surveys and to request a Testimonial;
- certify that all of the information that I have provided in this form is accurate and complete; and
- certify that I understand that I am expected to complete my training and I must complete the Surveys in order for the grant applicant to meet all of its Community Workforce Response Grant Agreement obligations;

Your Signature:

Date Signed:

If you have any questions about the collection, use or disclosure of your Personal Information, please contact the Program Manager, Community Workforce Response Grant at 1-877-952-6914; or, by mail to *Program Manager, Community Workforce Response Grant*, Ministry of Post-Secondary Education and Future Skills, PO Box 9189, Stn Prov Govt, Victoria, BC, V8W 9E6; or, by submitting an email to [CWRG@gov.bc.ca](mailto:CWRG@gov.bc.ca).

**Instructions to applicants:** This consent form must be signed by your CWRG program participant, scanned, and uploaded to your grant file at [www.SkillsTrainingGrants.gov.bc.ca](http://www.SkillsTrainingGrants.gov.bc.ca) before you can enter the participant information. All participant information must be entered to complete the process.

**Instructions to Applicants** -- This form is provided as a tool to record participant data for entry to the Skills Training Grants system when a participant is not able to access the system and report directly. Participant information recorded on this form must be entered to the Skills Training Grants system by following the instructions for applicant reporting of participants provided in the system.

**Do not scan these pages when completed. Do not upload them with the participant consent form.**

## 1. Contact Information

\* Marks mandatory fields

First Name*	Middle Name	Last Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (M/D/Y)*	Social Insurance Number*	
<input type="text"/>	<input type="text"/>	
Personal Phone Number and Ext*	Alternate Phone Number and Ext*	Personal Email*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address line 1*	Home address line 2	
<input type="text"/>	<input type="text"/>	
City*	Province*	Postal Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. Demographic Information

Canadian residency status (circle only one)*	Did you immigrate to Canada*?	If Yes =>	What year did you come to Canada*?	
<input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Protected person entitled to work in Canada <input type="radio"/> None of these	<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/>	
	Did you come to Canada as a refugee*?	If Yes =>	From what country did you immigrate*?	
	<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/>	
Gender*?	Do you consider yourself a Person with a Disability*?	Do you consider yourself as an Indigenous person*?	Are you First Nations, Métis, or Inuit*?	If First Nations, do you live*?
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to answer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer	If Yes => <input type="radio"/> First Nations => <input type="radio"/> Métis <input type="radio"/> Inuit <input type="radio"/> Other	<input type="radio"/> On Reserve <input type="radio"/> Off Reserve
Do you identify yourself as a visible minority*?	The Employment Equity Act defines visible minorities as "persons, other than Indigenous peoples, who are non-Caucasian in race or non-white in colour". The visible minority population consists mainly of the following groups: Chinese, South Asian, Black, Arab, West Asian, Filipino, Southeast Asian, Latin American, Japanese, and Korean.			
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer				
Highest level of education achieved*?	What is the name of the last high school you attended*?			
<input type="radio"/> Less than high school <input type="radio"/> High school <input type="radio"/> Some post-secondary <input type="radio"/> Trades certificate or diploma <input type="radio"/> Certificate or diploma <input type="radio"/> University degree	<input type="text"/>			
	What is the city of the last high school you attended*?			
	<input type="text"/>			

### 3. Employment Information

Which best describes your employment status before starting the training\*?

Unemployed  
Self-employed  
Employed  
Not in labour force  
In school or training

Have you received or are you receiving Employment Insurance (EI) benefits\*?

Currently receiving =>  
In last Month =>  
In last 3 months =>  
In last 36 months (3 years) =>  
In last 60 months (5 years) =>  
None of the above

If so, were these maternal or paternal benefits\*?

Yes  
No

If you are an active claimant in receipt of EI benefits, you must have prior approval from the Ministry of Social Development and Poverty Reduction to attend training and continue to receive your EI benefits while in training.

**If Unemployed =>**

Are you currently receiving Income Assistance (IA)\*?

Yes  
No

If you are a BCEA client in receipt of Income Assistance, you must contact your Employment Assistance Worker (EAW) at the Ministry's Service Delivery Division (SDD) to ensure that your Income Assistance will not be impacted while you are participating in training under Skills Training Grants.

**If Self-Employed or Employed**

Are you currently employed by the Applicant supporting this training\*?

Yes  
No

How long have you been in this job\*?

Years:  
Months:

Are you an owner or part-owner of the Company / Business\*?

Yes  
No

Over the past 3 months, how many hours per week did you work on average\*?

Type of Employment (circle one)\*:

SEASONAL: You are working in an industry where employment levels rise or fall with the seasons (e.g., agriculture, fishing, logging, and tourism).  
TEMPORARY: Your job has a predetermined end date or will end as soon as a specific project is completed.  
CASUAL: Your work hours vary substantially from one week to the next, you are called to work by your employer when the need arises and not on a pre-arranged schedule, or you do not usually get paid for time not worked and there is no indication from your employer about work on a regular basis for a long duration.  
PERMANENT: Your job is expected to last as long as you want the job and as long as business conditions permit.

What is your average hourly wage (rounded to the nearest dollar)\*?

What is your 4 digit National Occupation Classification (NOC)\*?

In what city do you primarily perform your work\*?

See <http://www.cic.gc.ca/english/immigrate/skilled/noc.asp> for NOC codes

Are you an apprentice\*?

Yes  
No

If Yes =>

Are you registered with the Industry Training Authority (ITA)\*?

Yes  
No

Are you currently participating in any other provincially or federally funded programs\*?

Yes  
No

What do you expect will be the most important result of training\*?

Increased security (training will ensure participant can maintain employment)  
Increase in pay  
Increase job-related skills  
Promotion to another position  
Move from part-time to full-time employment  
Move from temporary, casual, or seasonal employment to permanent

If Yes, please describe the provincially or federally funded program\*.