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 Advanced Education, Skills and Training ("AEST"), 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 ("Surveys"). The Surveys will ask basic questions about the outcomes of training and whether the training met your employment needs. Your contact information will be shared with British Columbia's statistical agency, BC Stats, in order for them to contact you to conduct these Surveys.

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
Workford	e R	esp	onse	Grar	nt tra	inin	g,												

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 Sign	d:
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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 at: Program Manager, Community Workforce Response Grant, 2nd Floor, 1106 Cook Street, Victoria, BC, V8V 3Z9 or by submitting an email to 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 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 Informat	ion ———								
First Name*	Midd	lle Name		Last N	ame*	* M	larks mar	ndatory fields	
Date of Birth (M/D/Y)*	Socia	Social Insurance Number*							
Personal Phone Number and	Ext* Alter	Alternate Phone Number and Ext*				nal Email*			
Home address line 1*		Ho	me ado	dress line	2				
City*		Pro	ovince*			Postal Code	2*		
2. Demographic Info Canadian residency status (cir Canadian Citizen Permanent Resident Protected person entitled to	rcle only one)*	Did you immigra Canada Did you to Cana	ate to *? come	Yes No	If Yes =>	From what	did you come to		
None of these		refugee		No					
	Do you consider person with a Dis Yes No Prefer not to an	th a Disability*?		Do you consider as an Indigenous Yes No Prefer not to an		? If Yes =>	Are you First N Métis, or Inuit* First Nations Métis Inuit	?	If First Nations, do you live*? On Reserve Off Reserve
Do you identify yourself as a visible minority*? Yes No Prefer not to answer Highest level of education act	The Employmer other than Indig white in colour following group Filipino, Southe hieved*? Wh	genous people '. The visible m os: Chinese, So	s, who a inority uth Asia n Ameri	are non-(populatio an, Black, can, Japa	Caucasian in on consists r Arab, West anese, and K	race or non- mainly of the Asian, orean.			
Less than high school High school Some post-secondary Trades certificate or diploma Certificate or diploma University degree	W	nat is the city o							

3. Employment Information Which best describes your employment Have you received or are you receiving status before starting the training*? Employment Insurance (EI) benefits*? Unemployed Currently receiving => If so, were these Yes maternal or Self-employed In last Month => paternal benefits*? No **Employed** In last 3 months => Not in labour force In last 36 months (3 years) => If you are an active claimant in receipt of El benefits, you must have prior approval from the In school or training In last 60 months (5 years) => Ministry of Social Development and Poverty None of the above Reduction to attend training and continue to receive your El benefits while in training. If you are a BCEA client in receipt of Income Assistance, you must contact your Are you currently If Unemployed => Employment Assistance Worker (EAW) at the Ministry's Service Delivery Division Yes receiving Income (SDD) to ensure that your Income Assistance will not be impacted while you are Assistance (IA)*? No participating in training under Skills Training Grants. If Self-Employed or Employed Over the past 3 months, Are you currently How long have Are you an owner how many hours per week Yes Years: Yes employed by the you been in this or part-owner of did you work on average*? Applicant supporting No job*? the Company / No Months: this training*? Business*? 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 What is your 4 digit National In what city do you primarily perform (rounded to the nearest dollar)*? Occupation Classification (NOC)*? your work* See http://www.cic.gc.ca/english/immigrate/skilled/noc.asp for NOC codes Are you an Are you registered with Are you currently participating in If Yes => Yes Yes Yes apprentice*? the Industry Training any other provincially or federally No Authority (ITA)*? No funded programs*? No If Yes, please describe the provincially or What do you expect will be the most important result of training*? federally funded program*. Increased security (training will ensure participant can maintain employment) Increase in pay

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*.