

EMPLOYMENT PROGRAM OF BRITISH COLUMBIA SKILLS TRAINING PARTICIPANT MONTHLY REPORT

Month Covered (mmmm yyyy)				
Service Provider WorkBC Vancouver Midtown Employment Services Centre			Course Name	
Last Name		First Name		Social Insurance Number
Address		City / Town	Province	Postal Code
Phone Number		Cell Number		Email
Is this a new Address? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<p>1. Have you had paid work while attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please indicate average hours per week _____ hours per week</p> <p>* You need to inform your Case Manager of any additional money earned and could be asked to provide pay stubs</p>				
<p>2. Have you missed any days from training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please indicate all dates, date your Case Manager was contacted, and explanation.</p> <p>*Note, for any sickness of at least 3 consecutive days, a doctor's note is required</p>				
<p>3. Have you received any of the following: Course Progress Report, Transcript, or Credentials? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* If yes, please provide of copy of any of the abovementioned documents you have received.</p>				
Participant Signature		Print Name		Date Signed
<p>Information and Privacy</p> <p>Personal information collected on this form under the authority of Section 26(c) of the Freedom of Information and Protection of Privacy Act and is subject to all the provisions of that Act. The personal information collected will be used by the Ministry of Social Development and Social Innovation, its service providers and associates of those service providers to administer the Skills Development service of the Employment Program of British Columbia. That service is provided by British Columbia under an agreement with Canada made pursuant to section 63 of the <i>EI Act</i>. If you have any specific questions concerning the collection, use or disclosure of personal information, please contact:</p> <p>Aaron Burnell Case Management Coordinator 604-829-2320</p>				