Ministry of Labour, Immigration, Training and Skills Development

Ministère du Travail, de l'Immigration, de la Formation et du Développement des compétences

Skills Development Fund (SDF) Participant Registration

Fields marked with an asterisk (\*) are mandatory. Staff is available to help you complete this form.

**Participant Details**

**Service Provider Use Only**

Date of Registration

Last Name\* First Name\* Middle Initial

Preferred Name Date of Birth\*

I identify as:\*

 Man Woman  Gender non-binary  Two-spirit

 Another gender identity (Specify)

Prefer not to answer

Do you identify as transgender? (optional)

*Transgender is an umbrella term that refers to people whose gender identity, expression or behaviour is different from those typically associated with their assigned sex at birth. Identities considered to fall under this umbrella can include trans, transsexual, non-binary, gender fluid, and genderqueer – as well as many more.*

 Yes No Questionning Prefer not to answer

|  |  |  |  |
| --- | --- | --- | --- |
| Status in Canada:\* | Canadian Citizen | Permanent Resident | Naturalized Canadian Citizen |
|  | Protected Persons | Prefer not to say | Other |

If you have immigrated to Canada, please indicate:

Country of Origin Date of Entry into Canada

Preferred Language:\* English  French

Preferred Communication:

 Phone Email Hard Copy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Marital Status:\* | Married | Common Law | Separated |  |
|  | Divorced | Widowed | Single | Prefer not to say |

# Participant Address and Contact Information

**Primary Mailing Address**

Unit Number Street Number\* Street Name\* PO Box

City/Town\* Province\* Postal Code\*

# Alternate Mailing Address

Unit Number Street Number Street Name PO Box

City/Town Province Postal Code



**Primary Phone Number**\* Home  Mobile Other

Telephone Number



**Alternate Phone Number**

Home  Mobile  Other Telephone Number

Email

# Profile Information

**Labour force attachment\***

 Employed Self-Employed

 Employed, but currently on a leave Unemployed

 Not employed and looking for work Not employed with an employment offer Not employed and not looking for work Not employed and unable to work

 Attending a school (elementary, high school or equivalent) Attending a university

 Attending a college

 Registered in an apprenticeship program

 In other training or skills development program Not sure

 Prefer not to say

# Source of Income\*

Employment Insurance (EI) **\***

Ontario Works (OW)

Ontario Disability Support Program (ODSP) Crown Ward Extended Care and Maintenance Dependent of OW/ODSP

No income

Employed with employer Self-Employed

Non-EI (other) Other (Specify)

**\**Note for individuals who selected EI:*** Your Social Insurance Number will be used by Canada to help monitor and assess the EI program and the Service Provider to request approval to continue to receive regular EI benefits in order to take part in training programs and other employment activities.

Social Insurance Number\*

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Please complete if you wish to self-identify as a member of a designated group(s). Your response to this question is entirely voluntary and will not affect your eligibility. This information will be used by the Governments of Ontario and Canada for policy analysis and statistical purposes related to employment programs and services. (You may select more than one option):

 Newcomer

 Racialized Person  Veteran

 Francophone

 Person with Disability  Inuit

 First Nations  Métis

 Women

 Youth  Justice System Involved  Immigrant  Prefer not to say

**Education**

# Indicate your Highest Level of Education/Qualification\*:

 Grade 0 - 8

 Grade 9

 Grade 10

 Grade 11

 Grade 12 (or equivalent)

 OAC

 Certificate of Apprenticeship  Journeyperson

 Certificate/Diploma

 Bachelor’s Degree  Post Graduate

 Other

# Employment

List your work experience, including volunteer work. Start with the most recent job/volunteer activity.

# Work Experience 1

Employment Type: Paid Self-Employed Unpaid Volunteer Name of Employer

Job Title/Duties

Employment Start Date Employment End Date Country of Employment

Preferred method of reporting wage:

 Hourly  Weekly  Bi-Weekly Monthly  Yearly

Wage Amount ($)**\***

Hourly wage (including tips and commissions) ($)\*

Average Paid Hours per Week (excluding overtime)\*

Reason for Leaving

|  |  |  |  |  |
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# Additional Work Experience (if applicable)

**Service Provider Use Only** NOC\*

NAICS\*

Employment Type: Paid Self-Employed Unpaid Volunteer Name of Employer

Job Title/Duties

Employment Start Date Employment End Date Country of Employment

Preferred method of reporting wage:

 Hourly  Weekly  Bi-Weekly Monthly  Yearly

Wage Amount ($)**\***

Hourly wage (including tips and commissions) ($)\*

Average Paid Hours per Week (excluding overtime)\*

Reason for Leaving

**Service Provider Use Only** NOC\*

NAICS\*

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# Notice of Collection and Consent - Skills Development Fund Sole

Organizations delivering Skills Development Fund under an agreement with the Ministry of Labour, Immigration, Training and Skills Development (the “Ministry”) are required to make its records available to the Ministry for inspection, investigation or audit.

For those organizations in a Partnership Agreement with a lead organization, please note that the lead organization has an agreement with the Ministry . In accordance with the Partnership Agreement your information will be shared with the lead organization. The lead organization, in turn, will share your information with the Ministry. The partnership agreement requires that your organization make its records available to the lead organization. In turn, the lead organization will share your information with the Ministry for inspection, investigation, or audit, as appropriate and as necessary.

Your organization/the lead organization in the consortia is also required to report to the Ministry on:

* The service it tailors and provides you;
* Your employment progress and outcome; and
* Your satisfaction with the services you receive.

The Ministry will also collect relevant personal information about you from the Government of Canada (Canada) if necessary. The purpose of this information is to determine your eligibility for Employment Insurance benefits, the nature and level of Employment Insurance benefits, and to monitor, assess and evaluate the effectiveness of Skills Development Fund. Depending on the type of service or support you receive and any incentives available to your employer to hire you, your organization or the Ministry may also collect personal information about you from your employer. The Ministry may use contractors and auditors to administer and finance Skills Development Fund.

Administration includes:

* Assessing the performance of your organization, its effectiveness, efficiency and customer service results; monitoring, inspecting, investigating, auditing and enforcing your organization's compliance with its agreement with the ministry.
* Planning, evaluating and monitoring Skills Development Fund - this includes conducting surveys, and conducting policy and statistical analysis and research related to all aspects of Skills Development Fund. You may be contacted to request your voluntary participation in surveys.
* Promoting Skills Development Fund - you may be contacted to request your voluntary participation in public relations campaigns related to Skills Development Fund.

If you are a client of, or applying to, the Ontario Disability Support Program or Ontario Works, the Ministry will provide your personal information to the Ministry of Children, Community and Social Services (MCCSS) for the purposes of administering employment services and managing the participation of MCCSS clients within employment support programs under the Ontario Works Act, 1997, and the Ontario Disability Support Program Act, 1997.

Skills Development Fund is funded by the Ministry, in part with funds provided by Canada under Part II of the Employment Insurance Act. When funds are provided by Canada, the ministry is required to provide information to Canada to help monitor and assess the Employment Insurance Program, as required under s.3 of the Employment Insurance Act.

Under the Labour Market Development Agreement between Canada and Ontario (LMDA) and the Workforce Development Agreement between Canada and Ontario (WDA), the Ministry is required to collect social insurance numbers from EI beneficiaries to request approval to continue to receive regular EI benefits in order to take part in training programs and other employment activities.

The Ministry collects your personal information pursuant to the LMDA and WDA, ss. 3 and 63 of the Employment Insurance Act, S.C. 1996, C.23 as amended, and s.76.29 of the Employment Insurance Regulations,

SOR/96-332. The Ministry will collect personal information from clients who identify as Ontario Disability Support Program or Ontario Works recipients and disclose your personal information to MCCSS in accordance with the

s.71 of the Ontario Works Act, 1997, and s.53 of the Ontario Disability Support Program Act, 1997.

For more information about the collection and use of your personal information to administer and finance Skills Development Fund, you can contact the Manager, Employment Ontario Call Centre, in writing at the Ministry of Labour, Immigration, Training and Skills Development, 33 Bloor Street East, 2nd Floor, Toronto, Ontario M7A 2S3 or by phone

at 1-800-387-5656. For the hearing impaired, TTY is available at 1-866-533-6339.

**Signatures**

I/we acknowledge that my Service Provider has explained its use and disclosure of my personal information for its purpose.

|  |  |
| --- | --- |
| Participant's Name\* | Date\* |
| Parent's/Guardian's Name (if participant is under 18) | Date |

I/we give consent to the Ministry to indirectly collect, use and disclose my personal information for the purposes set out above.

|  |  |
| --- | --- |
| Participant's Name\* | Date\* |
| Parent's/Guardian's Name (if participant is under 18) | Date |

Print

Clear