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| **Participant Information Template (PIT) – Stream 1 Activities**  |
| Surname (as appears on Social Insurance Number [SIN]  | Given Name and Initials (as appears on SIN)   | SIN (000 000 000)  |
| Date of birth (YYYY-MM-DD)  | Email Address  | Telephone Number  |
| City  | Province  | Postal Code  |
| **Residency Status**  [ ] Canadian Citizen [ ] Permanent Resident [ ] Refugee Under the *Immigration and Refugee Act* |
| **Severity of the disability**  [ ] Mild (causes restrictions in the ability to perform some daily tasks [ ]  Moderate (causes restrictions in the ability to perform a lot of daily tasks[ ] Severe (Causes restrictions in the ability to perform most daily tasks) [ ]  Prefer not to say / decline to |
| **Type and Permanency of Disability** Temporary: a disability where there is a reasonable chance for recovery and is not expected to remain throughout one’s lifetime.  Permanent: a life-long disability, where there is no reasonable chance for recovery.  |
|  Type of Disability  |  Permanency of Disability  |
| **Agility** [ ] Yes [ ] No [ ] Prefer not to say / decline to answer | [ ] Temporary [ ] Permanent [ ] Prefer not to say / decline to answer |
| **Hearing**[ ] Yes [ ] No [ ] Prefer not to say / decline to answer | [ ] Temporary [ ] Permanent [ ] Prefer not to say / decline to answer |
| **Mental Health**[ ] Yes [ ] No [ ] Prefer not to say / decline to answer | [ ] Temporary [ ] Permanent [ ] Prefer not to say / decline to answer |
| **Visual**[ ] Yes [ ] No [ ] Prefer not to say / decline to answer | [ ] Temporary [ ] Permanent [ ] Prefer not to say / decline to answer |
| **Intellectual**[ ] Yes [ ] No [ ] Prefer not to say / decline to answer | [ ] Temporary [ ] Permanent [ ] Prefer not to say / decline to answer |
| **Developmental**[ ] Yes [ ] No [ ] Prefer not to say / decline to answer | [ ] Temporary [ ] Permanent [ ] Prefer not to say / decline to answer |
| **Learning** [ ] Yes [ ] No [ ] Prefer not to say / decline to answer | [ ] Temporary [ ] Permanent [ ] Prefer not to say / decline to answer |
| **Motor Skills** [ ] Yes [ ] No [ ] Prefer not to say / decline to answer | [ ] Temporary [ ] Permanent [ ] Prefer not to say / decline to answer |
| **Speaking** [ ] Yes [ ] No [ ] Prefer not to say / decline to answer | [ ] Temporary [ ] Permanent [ ] Prefer not to say / decline to answer |
| **Episodic (not mental health related)** [ ] Yes [ ] No [ ] Prefer not to say / decline to answer | [ ] Temporary [ ] Permanent [ ] Prefer not to say / decline to answer |
| **Substance Abuse Disorder**[ ] Yes [ ] No [ ] Prefer not to say / decline to answer | [ ] Temporary [ ] Permanent [ ] Prefer not to say / decline to answer |
| **Other(s), specify here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | [ ] Temporary [ ] Permanent [ ] Prefer not to say / decline to answer |

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| **Employment Status prior to OF participation**  [ ] Not Employed: Looking for work [ ] Not Employed: Not looking for work [ ]  Student [ ]  Prefer not to say / decline to answer |
| **Employability Barrier(s)**  |
| In addition to your disability, are you currently experiencing any type of barrier(s) that prevent you from participating in the program, returning to school or obtaining employment?  [ ] Yes [ ] No [ ] Prefer not to say / decline to answer **If yes, which type of barrier(s) are you currently experiencing? (Check all that apply)**  [ ] Addiction [ ] Childcare [ ] Children with disability [ ] Housing [ ] Social Skills [ ] Transportation[ ] Prefer not to say / decline to answer Other(s). specify here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Information on Employment Equity**  |
| **Gender**  [ ] Male [ ] Female [ ] Another Gender [ ]  Prefer not to say / decline to answer  | **New Immigrant (in Canada for less than five (5) years)**  [ ] Yes [ ] No [ ] Prefer not to say / decline to answer |
| **Member of Visible Minority**  [ ] Yes [ ] No [ ] Prefer not to say / decline to answer |
| **Visible Minority Group (if applicable)**  [ ] Arab [ ] Black [ ] Chinese [ ] Filipino [ ] Japanese [ ] Korean [ ] Latin American[ ] South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.) [ ] Southeast Asian (e.g., Cambodian, Laotian, Thai, Vietnamese etc.)[ ] West Asian (e.g., Afghan, Iranian, etc.) [ ]  Prefer not to say / decline to answer [ ] Not applicableOther, specify here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Indigenous Group**  [ ] Inuit [ ] Metis [ ] Non Status [ ] Registered on-reserve [ ] Registered off-reserve [ ]  Prefer not to say / decline to answer [ ] Not applicable Other, specify here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Level of education (Please select the highest level of education you completed)**  [ ] Elementary incomplete [ ] Elementary completed [ ] Secondary incomplete [ ] Secondary completed  [ ]  University incomplete [ ] University degree completed  [ ] Non-university post-secondary (College, CEGEP, trade school/apprenticeship, etc.) incomplete [ ] Non-university post-secondary (College, CEGEP, trade school/apprenticeship, etc.) complete[ ]  Prefer not to say / decline to answer  |
| **Rural vs Urban area**  **Do you live in an urban or rural area?**  [ ] Rural [ ] Urban [ ] Prefer not to say / decline to answer | **Dependents**  **Do you have dependents under 13 years old?**  [ ] Yes [ ] No [ ] Prefer not to say / decline to answer |

**Privacy Statement and Signature**

I certify that my answers are true and complete to the best of my knowledge.

The **YMCASWO** and the program funder are committed to respecting the personal privacy of individuals who provide information on Y Opportunities application forms. The purpose of collecting the personal information requested in this form is to obtain your contact information and work-related data for statistical and program delivery improvement purposes. By signing this form on the space indicated below, you consent to the use of the personal information that you have provided for that purpose. Your personal information, as provided, will only be shared with the staff and partners of the YMCASWO, will not be disclosed without your consent.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Please sign and complete this form, and return by email or in person to:

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