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)
Preferred Name:	Address (Including Apt #):	Pronouns:
Date of birth (YYYY-MM-DD) Click or tap to enter a date.	Email Address	Telephone Number
City	Province	Postal Code

Residency Status

◯ Canadian Citizen ◯ Permanent Resident ◯ Refugee under the Immigration and Refugee Protection 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 answer

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 Use 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

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), Specifiy 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 America

○ 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 applicable ○ Other, 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.) completed

○ 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:Click or tap here to enter text. **Date**: Click or tap to enter a date.

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

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