

## Participant Information Template (PIT)

### Privacy Notice Statement

The Youth Employment and Skills Strategy Program (YESS Program) is a program of the department of Employment and Social Development Canada (ESDC). Your information will be disclosed to ESDC and is administered in accordance with the Department of Employment and Social Development Act, the Privacy Act and other applicable laws. You have the right to the protection of, access to, and correction of your personal information as described in the personal Information Banks ESDC PPU 706. Instructions for obtaining this information are outlined in the Information about programs and information holdings (<https://www.canada.ca/en/treasury-board-secretariat/services/access%20information-privacy/access-information/information-about-programs-information-holdings.html>) and can be accessed at any Service Canada Centre.

Your name, contact information, date of birth and Social Insurance Number in Part A of this form is used to determine whether you are eligible for the YESS program. Participants must provide their Social Insurance Numbers in accordance with the Treasury Board Directive on the Social Insurance Number (SIN), which lists this program as an authorized user of the SIN. This information must be shared with ESDC in order for you to participate in the project. However, you may choose not to share this information and, therefore, not participate in the project.

Funding for the YESS Program project has been provided by the Government of Canada, specifically by ESDC. ESDC requires certain information regarding participants and results. Providing your personal information will never result in any decision made about you outside of this program. You have the right to file a complaint with the Privacy Commissioner of Canada regarding the Government institutions' handling of your personal information, at <https://www.priv.gc.ca/en/>

This information is used to:

- Measure the results of the YESS Program project and evaluate its success
- Evaluate more generally, the success of the YESS Program in achieving its objective
- Report annually on results and meet its obligation of accountability to Parliament and the Canadian public for the operation of the YESS Program by reporting on the results of the YESS Program and its success in achieving its objective

### You must complete all sections of this form

#### Part A – Personal Information

\* All fields marked with an asterisk must be completed. You will also have to show your Social Insurance Number card or paper and a government-issued photo identification to confirm your identity and eligibility for the YESS Program.

<b>First Name:</b> Click or tap here to enter text.	<b>Last Name:</b> Click or tap here to enter text.	<b>Social Insurance Number:</b> Click or tap here to enter text.
<b>Date of Birth (yyyy-mm-dd):</b> Click or tap here to enter text.	<b>Telephone Number:</b> Click or tap here to enter text.	<b>Email Address:</b> Click or tap here to enter text.
<b>Mailing Address:</b>		<b>Postal Code:</b>

Click or tap here to enter text.	Click or tap here to enter text.
<b>Language Preference</b>	
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Not Specified	
<b>Do you own a vehicle?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you have a G/G2 License?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>PART B – EMPLOYMENT EQUITY INFORMATION</b> Please complete this section to self-identify as a member of one or more equity groups. The organization will use this information to design, deliver and report on the project. The project funder, Employment and Social Development Canada, uses this data to report on and evaluate the YESS Program.	
<b>Which gender do you most identify with?</b>	
<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary Person <input type="checkbox"/> Prefer Not To Say	
<b>Do you belong to a racialized group?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not To Say	
<b>If yes, and you are comfortable sharing, how would you describe your ethnic/cultural background and/or community? Please check all that apply:</b>	
<input type="checkbox"/> Black <input type="checkbox"/> Latino/Latina/Latinx <input type="checkbox"/> West Asian or North African <input type="checkbox"/> East Asian <input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Mixed (please specify) <small>Click or tap here to enter text.</small> <input type="checkbox"/> Another Identity (please specify) <small>Click or tap here to enter text.</small> <input type="checkbox"/> Prefer Not To Say	
<b>Are you a person with a disability?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not To Say	
<b>If yes, and you feel comfortable sharing, please check all that apply:</b>	
<input type="checkbox"/> Invisible/non-apparent disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Visible/apparent disability <input type="checkbox"/> Mental health-related disability <input type="checkbox"/> Episodic or fluctuating disability <input type="checkbox"/> Neurodiverse <input type="checkbox"/> Multiple impairments/disabilities <input type="checkbox"/> Pain-related disability <input type="checkbox"/> Chronic illness-related disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Communication-related disability <input type="checkbox"/> Sensory disability <input type="checkbox"/> Deaf <input type="checkbox"/> Other (please specify ): <small>Click or tap here to enter text.</small> <input type="checkbox"/> Intellectual disability <input type="checkbox"/> I prefer not to say	
<b>Do you identify as an Indigenous person?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not To Say	
<b>If yes, please check all that apply:</b>	
<input type="checkbox"/> First Nations (Status) <input type="checkbox"/> First Nations (Non-Status) <input type="checkbox"/> Inuk (Inuit) <input type="checkbox"/> Métis <input type="checkbox"/> I prefer not to say	

**What is your status in Canada?**

- Canadian citizen  Permanent resident  
 Refugee status

**Are you a Newcomer to Canada?**

- Yes  No  Prefer Not To Say

**If yes, how long have you lived in Canada?**

- 5 years or less  5 – 10 years  More than 10 years  I prefer not to say

**Do you currently live in a rural, remote, northern and/or fly-in community? Please check all that apply:**

- Rural  Remote  Northern  Fly-in  No  I prefer not to say

**Did you grow up or currently live in a low income household?**

- Yes  No  Prefer Not To Say

**Do you currently live in an Official Language Minority Community (OLMC)?**

- Yes  No  Prefer Not To Say

**Do you identify as someone who is 2SLGBTQI+?**

- Yes  No  Prefer Not To Say

**If yes, and you feel comfortable disclosing, please check all that apply:**

- I did not complete high school on time  
 I have difficulty reading, writing or with numbers  
 I was raised by a single parent or guardian  
 I am an Indigenous youth and moved to a city or a large town  
 I am the first in my family to attend university  
 I have not been employed, in school, or in training for over 6 months  
 I have received government income support (social assistance)  
 I do not receive financial support from my family  
 I am pregnant, a parent, single parent or a caregiver  
 I have been impacted by addiction  
 I have been the victim of a crime  
 I have personally been or my family has been involved with the justice system  
 I have experienced homelessness  
 I am at risk of becoming homeless  
 I have lived in foster care, a group home, or a facility  
 I have experienced another barrier (Please describe): [Click or tap here to enter text.](#)  
 I prefer not to say

**What is the highest level of formal education you completed?**

- Grade 8 or less  
 Between Grade 9 and 12  
 Apprenticeship programs incomplete  
 Apprenticeship programs completed  
 High School completed

- CEGEP incomplete
- CEGEP completed
- University (Bachelor) incomplete
- University (Bachelor) completed
- University (Master's or PhD) incomplete
- University (Master's or PhD) completed
- College (excluding CEGEP) incomplete
- College (excluding CEGEP) completed
- I prefer not to say

If education level was completed, enter the year completed (yyyy) : [Click or tap here to enter text.](#)

### Participant Consent to Release Information

I, [Click or tap here to enter text.](#) (**enter your name here**) give my consent for [Click or tap here to enter text.](#) (**enter name of organization delivering the project here**) to release the information contained in this form to ESDC. I acknowledge that the information disclosed to ESDC will be administered by ESDC in accordance with the Privacy Act (R.S.C., 1985, c. P-21) and the Department of Employment and Social Development Act (S.C. 2005, c. 34). I acknowledge that I have a right to obtain access to that information from Canada under the Privacy Act (R.S.C., 1985, c. P21) and the Department of Employment and Social Development Act (S.C. 2005, c. 34). This information will be used to confirm that I am eligible to participate in the YESS Program and to help determine appropriate services and supports during my participation in the project. This information will be provided to ESDC for the evaluation, research and accountability of the YESS Program. I may be contacted in the future by ESDC about my participation in the program

I confirm that I have completed the form myself, to the best of my knowledge

\_\_\_\_\_

Participant Signature

[Click or tap to enter a date.](#)  
Date (yyyy-mm-dd)

**Please complete this form and return by email to:**

382 Waterloo St.  
London, ON N6B 2N8

Tess Corriveau  
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(519) 667-3300 ext 2038