Ontario

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 Training Stream (SDF-TS) Participant Registration Form

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

Service Provider Use Only:

Date of Registration

Participant Details

Last Name*

First Name *

Middle Initial

Preferred Name

Social Insurance Number *

What is your gender: *

◯ Man ◯ Woman ◯ Non-Binary ◯ Two-Spirit ◯ Prefer not to answer

◯ Other, please specify:

Do you identify as 2SLGBTQIA+?

◯ Yes ◯ No ◯ Prefer not to answer

Birth Date (yyyy/mm/dd)*

Status in Canada: *

◯ Canadian Citizen ◯ Permanent Resident ◯ Naturalized Canadian Citizen

◯ Protected Person ◯ Other, please specify

Date arrived in Canada (if born outside Canada) or immigrated to Canada (yyyy/mm/dd)*

Country of Origin*

Marital Status *

◯ Single ◯ Married (or equivalent) ◯ Common Law ◯ Divorced ◯ Separated ◯ Widowed ◯ Prefer not to answer

Number of Dependent Children? *

☐ Prefer not to disclose

Preferred communication method *

◯ Phone ◯ Email ◯ Hard Copy

Preferred Language: *

◯ English ◯ French

What Race category best describes you?* (Select all that apply)

☐ Black ☐ Latino ☐ White

☐ East/Southeast Asian ☐ Middle Eastern ☐ Prefer not to answer

☐ Indigenous ☐ South Asian ☐ Other Race category:

Do you identify as First Nations, Métis, and/or Inuit?* If yes, select all that apply:

- ☐ First Nations Status
- ☐ First Nation Non-Status
- ☐ Métis MNO (Métis Nations of Ontario Citizen)
- ☐ Métis Self - Identified
- ☐ Inuit (Inuk)
- ☐ Prefer not to answer
- ☐ No, I am not Indigenous
- ☐ No, I am not Indigenous, but other members of my household are

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Disability includes physical, mental, and learning disabilities, hearing or vision disabilities, substance use dependencies, environmental sensitivities, as well as other conditions that limit activities of daily living. Based on this definition, do you have a disability?*

◯ Yes ◯ No ◯ Prefer not to answer

Disability Type:

- ☐ Seeing
- ☐ Hearing
- ☐ Mobility
- ☐ Flexibility
- ☐ Dexterity
- ☐ Pain related
- ☐ Learning
- ☐ Developmental
- ☐ Mental-health related
- ☐ Memory
- ☐ Prefer not to answer
- ☐ Other

Do you identify as Francophone?*

◯ Yes
◯ No
◯ Prefer not to answer

Are you a veteran of the Canadian Armed Forces? *

◯ Yes
◯ No
◯ Prefer not to answer

Are you a married spouse or common law partner of a serving military member of the Canadian Armed Forces?*

◯ Yes
◯ No
◯ Prefer not to answer

Have you been involved in the Justice System?*

◯ Yes ◯ No ◯ Prefer not to answer

Education

Indicate your Highest Level of completed Education/Qualification: *

- ◯ Grade 0-8
- ◯ Grade 9-12
- ◯ GED/High School Diploma
- ◯ OAC
- ◯ Apprenticeship
- ◯ Certificate of Apprenticeship
- ◯ Journeyperson
- ◯ University
- ◯ Certificate/Diploma
- ◯ Applied Degree
- ◯ Associate Degree
- ◯ Bachelor's Degree
- ◯ Post Graduate

Are you currently a student?

◯ Yes, Full-Time ◯ Yes, Part-Time ◯ No

Participant Address and Contact Information

Primary Mailing Address

Unit Number	Street Number *	Street Name *	PO Box

City/Town *	Province *	Postal Code *

Alternative Mailing Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Primary Phone Number*

◯ Home ◯ Mobile ◯ Other

Telephone Number | Ext.

Alternate Phone Number

◯ Home ◯ Mobile ◯ Other

Telephone Number | Ext.

Email Address*

Employment Information

Which of the following best describes your employment status?*

◯ Employed with Employer ◯ Self-Employed ◯ Not employed

Are you a Registered Apprentice? *

◯ Yes ◯ No

Are you a Journeyperson?*

◯ Yes ◯ No

Source of Income:*

◯ Employed (full-time)
◯ Employed (seasonal)
◯ Employed (part-time)
◯ Self-Employed
◯ Employment Insurance*
◯ Ontario Works (OW)
◯ Ontario Disability Support Program (ODSP)
◯ Dependent of OW/ODSP
◯ Crown Ward
◯ No Source of Income
◯ Other, please 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.

Work Experience:*
List your work experience, including volunteer work. Start with the most recent job/volunteer activity. This section is mandatory for those who were employed at the start of training.

Employment type: ◯ Paid ◯ Self-Employed ◯ Unpaid ◯ Volunteer

Name of Employer

Job Title:

Job Duties:

Country of Employment* | Employment Start Date (yyyy/mm/dd)* | Employment End Date (yyyy/mm/dd)*

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

National Occupational Classification (NOC) (5 digits)*

North American Industry Classification System (NAICS) (6 digits)*

Additional Work Experience (if applicable)

Employment type: ◯ Paid ◯ Self-Employed ◯ Unpaid ◯ Volunteer

Name of Employer

Job Title:

Job Duties:

Country of Employment

Employment Start Date (yyyy/mm/dd)

Employment End Date (yyyy/mm/dd)

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

National Occupational Classification (NOC) (5 digits)

North American Industry Classification System (NAICS) (6 digits)

Skills Training Information:
When entering participant data and outcomes through EOIS-CaMS, Service Providers (SPs) are required to determine and assign NOC and NAICS codes at the training/service plan level as a whole. All plan items,(e.g., job placement, upskilling, re-skilling, etc,) will be delivered under the project must align with the selected training NOC and NAICS.

National Occupational Classification (NOC) (5 digits)

North American Industry Classification System (NAICS) (6 digits)

Notice of Collection and Consent

Collection and Use of Personal Information:

The organization that is responsible for delivering training or services to you under the Skills Development Fund Training Stream (which may be your employer), is required to disclose the personal information that you provide on this form to the Ministry of Labour, Immigration, Training and Skills Development (the “Ministry”) under its transfer payment agreement with the Ministry. The organization is also required to report to the Ministry on:

- The training/services it tailors and provides to you;
- Your employment progress and outcome over time; and
- Your satisfaction with the training/services you receive.

The organization may be required to make its records available to the Ministry for the purposes of inspection, investigation or audit. These records may contain your personal information.

Depending on the type of training/services or support you receive and any incentives available to your employer to hire you through the Skills Development Fund Training Stream, the Ministry may also collect personal information about you from your employer.

The Ministry collects your personal information as described above for the following purposes:
• Planning for, allocating, and administering funding for the administration and delivery of the Skills Development Fund Training Stream;
• Detecting, monitoring and preventing any unauthorized receipt or use of the funding; and
• Conducting research and analysis related to the administration and delivery of employment programs and services funded by the Ministry.

Disclosure of Personal Information:

The Ministry may use contractors, auditors, agents, or other authorized third parties to deliver, administer or evaluate programs or services under the Skills Development Fund Training Stream, and may disclose your personal information to them where necessary for those purposes.

If you are a client of, or applying to, the Ontario Disability Support Program or Ontario Works, the Ministry will disclose 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.

Authority to Collect, Use and Disclose Personal Information:

The Ministry is authorized to collect and use personal information for the purposes of planning, developing, administering and conducting research and analysis of employment-related programs and services pursuant to subsection 15(1) of the Ministry of Training Colleges and Universities Act. The Ministry's collection and use, as described above, is in accordance with subsection 38(2), clause 39(1)(a) and (h), and clauses 41(1)(a) and (b) of the Freedom of Information and Protection of Privacy Act (FIPPA)

The Ministry's disclosure of personal information to third party contractors, auditors and organizations that deliver Skills Development Fund Training Stream is authorized by subsection 15(4.1) of the Ministry of Training Colleges and Universities Act.

The Ministry's disclosure of personal information to MCCSS is authorized by subsection 15(4.2) of the Ministry of Training Colleges and Universities Act. The Ministry's disclosure of your personal information, as described above, is in accordance with clauses 42(1)(b) and (c) of the FIPPA.

Contact Information

For more information about the collection, use and disclosure of your personal information with respect to the Skills Development Fund Training Stream, 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