



Employee Contact Form

EMPLOYER: _____

AGREEMENT #: _____

CONFIDENTIAL

Please Note: All fields (unless indicated) are required to assist in determining eligibility for programs and/or to collect baseline information on program participants as part of the accountabilities specified under the Federal/Provincial Labour Market Transfer Agreements.

Participant Information (PLEASE PRINT)					
Name:					
Address (Street or P.O. Box):				Province:	
City or Town:			Postal Code:		
Telephone #	Cell #		E-mail:		
Social Insurance Number _____ - _____ - _____			Date of Birth _____ YYYY/MM/DD		
Gender: Male Female Prefer not to Answer X (Specify)					
Are you related to the above noted employer? Yes No If yes, what is the relationship: _____					
Residency Status (check those boxes that apply to you): Canadian Citizen (born in Canada) Permanent Resident (given permanent resident status by immigrating to Canada but not a Canadian citizen) Person granted refugee status in Canada under the Immigration and Refugee Protection Act International Graduate of MUN or CNA with a Post-Graduate Work Permit Person with an Open Work Permit who is a resident of NL					
Federal Official Language of Choice: English French Not a Federal Official Language					
Education					
Highest Level of Education Completed: Less than High School High School Diploma or GED Some Post-Secondary College or other Non-University Certificate or Diploma or Degree University Certificate or Degree University Degree Other Prefer Not to Report					
Year of Completion: _____					
Name of School or Post-Secondary Institution: _____					
Employment Status (Prior to the Wage Subsidy or Training)					
Employed Unemployed Self-Employed Not in the Labour Force					
If employed, please provide name of the employer: _____					
Hours / Week: _____ Hourly Rate of Pay: _____					
Type of Employment: Casual Contractual Full Time Part Time Seasonal					
Other					
Marital Status: Married or Equivalent Single Prefer Not to Report					
Number of Dependents: _____ or Prefer Not to Report					
Disability: Yes No Prefer Not to Report					
Indigenous Identity: Yes No Prefer Not to Report					
Visible Minority: Yes No Prefer Not to Report					
Immigrant: Yes No Prefer Not to Report Immigration Year: _____					
1. Have you applied for, or in receipt of, Income Support: Yes No					
2. Have you applied for, or in receipt of, Employment Insurance (EI) within the past 60 months: Yes No					
3. If you checked 'Yes' in question number 2, indicate type of claim (check one): Regular Benefits Maternity/Parental Benefits Sick Benefits Compassionate Care Benefits Family Caregiver Benefit for Children / Adults					
Are you in receipt of a pension or Workplace NL benefits, or any other benefit? Yes No					
_____			_____		
Participant Signature			Date YYYY/MM/DD		



Consent - Collection, Use and Disclosure of Personal Information

Collection: Personal information provided with your intake form / application for funding is collected under authority of the **Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015), Employment Insurance Act, Income and Employment Support Act and Regulations**, and will only be used for the administration of the service or benefit for which you are applying or for a consistent purpose under section 69 of **ATIPPA, 2015**.

Use: The personal information collected will only be used and/or disclosed in accordance with **ATIPPA, 2015**. Such uses may include: determining services appropriate to the needs of the client, determining eligibility for programs and funding, ensuring compliance with funding agreement terms, case management, tracking progress during an agreement including post funding assessment of outcomes as per the information sharing agreement referenced between the Government of Canada and the Government of Newfoundland and Labrador funded by the Department of Immigration, Population Growth and Skills and to provide statistical information to agencies providing funding support to the services offered.

Disclosure: The personal information provided may be exchanged and released to any person, agency or government departments, such as Immigration, Population Growth and Skills; Children, Seniors and Social Development; and Health and Community Services, service provider organizations or training institution that is administering the program, service or benefit. This information may include: contact information, employment plan, eligibility for employment insurance benefits, marks, attendance and proof of financial payments to the training institution. The personal information provided may also be shared with the Government of Canada and the Canada Revenue Agency in keeping with the data-sharing provisions outlined in agreements between the Government of Newfoundland and Labrador and the Government of Canada.

Access to Information and Protection of Privacy Act, 2015: Under **ATIPPA, 2015** personal information is protected in accordance with section 64.(1); you have the right to access your personal information protected in accordance with section 8.(1); and you have the right to request the correction of your personal information protected in accordance with section 10.(1) if there has been an error or omission. You have the right to withdraw this consent at any time by contacting the Department of Immigration, Population Growth and Skills.

If you have any questions regarding how your personal information is collected or used, you may contact the ATIPP Coordinator of the Department of Immigration, Population Growth and Skills. A listing of all departmental coordinators and their contact information can be found [here](#).

Client Consent: I, (print name) _____ acknowledge that I have read and understand the above information regarding the collection, use and disclosure of my personal information.

Parent, Guardian or Trustee Consent: I, (print name) _____ (Parent, Guardian or Trustee) acknowledge that I have read and understand the above information regarding the collection, use and disclosure of information regarding my dependent. Print name of dependent: _____.

Note: The above statement is completed by a parent, guardian or trustee if the client is under the age of 18.

Signature of Client

Date (dd/mm/yyyy)

Signature of Parent, Guardian or Trustee

Date (dd/mm/yyyy)