



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: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to Answer <input checked="" type="checkbox"/> X (Specify) _____				
Are you related to the above noted employer? Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Not a Federal Official Language				
Education				
Highest Level of Education Completed: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> College or other Non-University Certificate or Diploma or Degree <input type="checkbox"/> University Certificate or Degree <input type="checkbox"/> University Degree <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Report				
Year of Completion: _____				
Name of School or Post-Secondary Institution: _____				
Employment Status (Prior to the Wage Subsidy or Training)				
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Not in the Labour Force	
If employed, please provide name of the employer: _____				
Hours / Week: _____ Hourly Rate of Pay: _____				
Type of Employment: <input type="checkbox"/> Casual <input type="checkbox"/> Contractual <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal				
Other				
Marital Status: <input type="checkbox"/> Married or Equivalent <input type="checkbox"/> Single <input type="checkbox"/> Prefer Not to Report				
Number of Dependents: _____ or <input type="checkbox"/> Prefer Not to Report				
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Report				
Indigenous Identity: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Report				
Visible Minority: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Report				
Immigrant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Report Immigration Year: _____				
1. Have you applied for, or in receipt of, Income Support: Yes <input type="checkbox"/> No <input type="checkbox"/>				
2. Have you applied for, or in receipt of, Employment Insurance (EI) within the past 60 months: Yes <input type="checkbox"/> No <input type="checkbox"/>				
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 <input type="checkbox"/> No <input type="checkbox"/>				
<hr/> Participant Signature _____				
<hr/> 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)