



YOUTH EMPLOYMENT STRATEGY FIRST NATIONS SCHOOLNET YOUTH INITIATIVE PARTICIPANT INFORMATION FORM (PIF)

The information you provide in this document is collected under the authority of T.B. Minute #833529 for the purpose of delivering Youth Employment Strategy programs and services. Information on individuals is used by Indian and Northern Affairs Canada's Education employees who need to know the information in order to respond to your request and / or the program requirements. We share the information you give us with the department of Human Resources and Social Development. The personal information will be kept for a period of 30 years and will then be transferred to Library and Archives Canada. Individuals have the right to the protection of and access to their personal information under the Privacy Act <http://justice.gc.ca/en/>.

Part A. Project Information – To Be Completed by Employer

1. Employer Legal Name (Regional Management Organization / Band Council Name)				
2. City, Province / Territory		3. Postal Code	4. Telephone Number	
5. Type of Employer <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Private Sector <input type="checkbox"/> Public <input type="checkbox"/> Other				
Job Information				
6. Start Date (YYYYMMDD)	7. Finish Date (YYYYMMDD)	8. Position Title Youth Intern	9. Hours Per Week	10. Hourly / Weekly Rate \$

Part B. Participant Information – To Be Completed By the Participant

11. Family Name		12. Given Name and Initial		
13. Permanent Address			14. City	
15. Province		16. Postal Code	17. Telephone Number	
18. Name of Educational Institution Last Attended		19. Field of Study		20. Date of Birth (YYYYMMDD)
21. Highest Level of Education Completed				
<input type="checkbox"/> Grade 8 or Less	<input type="checkbox"/> Some Post-Secondary Education but not University (including CEGEP)		<input type="checkbox"/> Master's or PhD Incomplete	
<input type="checkbox"/> Between Grade 9 and 12	<input type="checkbox"/> University Incomplete (1 or more years)		<input type="checkbox"/> Master's or PhD Completed	
<input type="checkbox"/> Grade 12 Completed (Secondary School)	<input type="checkbox"/> University Bachelor's Degree Completed			
22. In my opinion this position is related to my field of study <input type="checkbox"/> Yes <input type="checkbox"/> No			23. I was a full-time student during the preceding academic year <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. I intend to return to school full-time in the upcoming academic year <input type="checkbox"/> Yes <input type="checkbox"/> No		25. Will you have any other full-time jobs (i.e. 30 or more hours per week) for the duration specified in Box 6 and Box 7 above? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Are you currently in receipt of Employment Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No



27. Employment Status at Start of Intervention <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student		28. Residency Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee under the <i>Immigration and Refugee Protection Act</i> <input type="checkbox"/> Other		29. Are you legally entitled to work according to relevant provincial legislation and regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
30. What is your Mother Tongue (that is, the language that you first learned to speak)? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other		31. Language Spoken <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both	32. Language Written <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both	33. Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	
The Federal Government is committed to equity in employment. You are encouraged to complete the following voluntary questions and indicate if you are a member of any of these groups.					
34. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		35. Member of a visible minority <input type="checkbox"/> Yes <input type="checkbox"/> No		36. Person with disability <input type="checkbox"/> Yes <input type="checkbox"/> No	
37. Aboriginal Group <input type="checkbox"/> Registered on-reserve <input type="checkbox"/> Registered off-reserve <input type="checkbox"/> Non status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit					
38. Participant Consent to Release Information I _____ (name of participant), the undersigned, give my consent for _____ (RMO Name – Contribution Recipient) to release the information contained in this form regarding my participation in a YES program to Indian and Northern Affairs Canada and HRSDC. I acknowledge that the information is collected and administered in accordance with the <i>Privacy Act</i> and applicable privacy laws, and that it may be used to determine my eligibility for the YES program and provided to Indian and Northern Affairs Canada and HRSDC for the evaluation and accountability of the YES program.					
39. Participant Signature				40. Date (YYYYMMDD)	

Part C – To Be Completed By Youth Supervisor After Intervention Termination

41. Participant did not complete the Intervention Date of Early Termination (YYYYMMDD) Reason <input type="checkbox"/> Did not follow through <input type="checkbox"/> Employed / Self-employed <input type="checkbox"/> Moved <input type="checkbox"/> Not active in the labour force <input type="checkbox"/> Returned to school <input type="checkbox"/> Other (specify)		42. Participant completed the Intervention Date of Completion (YYYYMMDD) Participant is now <input type="checkbox"/> Searching for employment <input type="checkbox"/> Making career decisions <input type="checkbox"/> In skills enhancement <input type="checkbox"/> Returned to school <input type="checkbox"/> Employed / Self-employed <input type="checkbox"/> Not employed	
43. Youth Supervisor Given Name		44. Youth Supervisor Family Name	
45. Youth Supervisor Signature			46. Date (YYYYMMDD)

INAC Use Only

Received By Given Name	Received By Family Name
Date Received (YYYYMMDD)	Date of Entry (YYYYMMDD)