



# YOUTH INFORMATION FORM

The information collected in this form will be used to determine your eligibility for the Youth Employment Strategy (YES) program and for subsequent evaluation and accountability purposes (Parts A and B only).

Employment and Social Development Canada (ESDC), on behalf of the Government of Canada, is responsible for the evaluation of the YES program in order to ascertain how beneficial the programs are to YES participants. Your help in providing accurate information is essential for ESDC to evaluate the program and conduct participant surveys to ensure that the YES programs meet your needs.

The information you provide is collected under the authority of *Privacy Act* and other applicable privacy laws. No administrative decisions will be made about you based on the information provided to ESDC. Completion of this form is voluntary; however, failure to do so may impact on you not being considered for the YES program and will negatively impact on the evaluation of the YES program by ESDC. In order to conduct the evaluation activities, information from other sources (e.g. Canada Revenue Agency for income level) may be linked with this data.

The information you have provided for evaluation and accountability purposes will also be shared with the National Research Council (NRC).

The information is administered in accordance with the *Privacy Act* and applicable privacy laws. You have the right to the protection of, and access to, your personal information. It will be retained by ESDC in Personal Information Bank ESDC PPU 706 (TBS Registration # 20150242), entitled Evaluation and Data Development, and by the National Research Council in Personal Information Bank NRC PPU 085. Instructions for obtaining this information are outlined in the government publication, entitled Info Source, a copy of which is located at all Human Resources Centres. Info Source is also available at the following web site address, <http://infosource.gc.ca>.

## PART A. PROJECT INFORMATION – TO BE COMPLETED BY THE FIRM

1	NAME OF FIRM	2	PROJECT NUMBER
3	PROJECT START DATE (YYYY-MM-DD)	4	ANTICIPATED END DATE (YYYY-MM-DD)

## PART B. YOUTH INFORMATION – TO BE COMPLETED BY THE YOUTH

5	SURNAME	6	GIVEN NAME
7	PERMANENT ADDRESS	8	CITY
9	PROVINCE	10	POSTAL CODE
11	TELEPHONE NUMBER		
12	EMAIL ADDRESS	13	CELL NUMBER
14	ARE YOU CURRENTLY IN RECEIPT OF EMPLOYMENT INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
15	DATE OF BIRTH (YYYY-MM-DD)	16	EMPLOYMENT STATUS AT START OF PROJECT
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			
17	RESIDENCY STATUS <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident		
<input type="checkbox"/> Refugee under the Immigration and Refugee Protection Act <input type="checkbox"/> Other:			
18	HIGHEST LEVEL OF EDUCATION COMPLETED		
<input type="checkbox"/> Community College, Private Institution, CEGEP <input type="checkbox"/> University Bachelor's degree completed <input type="checkbox"/> Master's or PhD completed <input type="checkbox"/> Other			
19	DO YOU MEET THE FOLLOWING ELIGIBILITY CRITERIA <input type="checkbox"/> Yes <input type="checkbox"/> No		
On the date that this project begins you are:			
<ul style="list-style-type: none"> <li>&gt; Between 15 and 30 years of age (inclusive)</li> <li>&gt; A post-secondary graduate (applicable for internships greater than 6 months in duration)</li> <li>&gt; A Canadian citizen, permanent resident, or person who has been granted refugee status in Canada (no work permits or student visas)</li> <li>&gt; Legally entitled to work according to the relevant provincial legislation and regulations</li> <li>&gt; Not in receipt of Employment Insurance (EI) benefits (you will have withdrawn from EI benefits prior to the project start date)</li> </ul>			
20	<b>YOUTH DECLARATION</b>		
The purpose of the Youth Employment Strategy (YES) is to provide a work experience that would facilitate the transition to the labour market. It is recommended that normally a youth has access to the Career Focus program under the YES only once. To my knowledge, I certify that I have not participated in any Career Focus program of the YES Work Experience Programs.			
_____ Youth's Signature		_____ Date (YYYY-MM-DD)	
21	FIRST OFFICIAL LANGUAGE	22	LANGUAGE SPOKEN
<input type="checkbox"/> English <input type="checkbox"/> French		<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both	
23	LANGUAGE WRITTEN	24	LANGUAGE PREFERENCE
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both		<input type="checkbox"/> English <input type="checkbox"/> French	
<b>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.</b>			
25	GENDER	26	MEMBER OF A VISIBLE MINORITY
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to answer		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer	
27	PERSON WITH DISABILITY		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer			
28	ABORIGINAL GROUP <input type="checkbox"/> N/A <input type="checkbox"/> Decline to answer		
Status: <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			
<b>YOUTH CONSENT TO RELEASE INFORMATION</b>			
I _____ (name of participant), the undersigned, give my consent to release the information contained in this form regarding my participation in a YES program to the National Research Council and ESDC. 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 the National Research Council and ESDC for the evaluation and accountability of the YES program.			
_____ Youth's Signature		_____ Date (YYYY-MM-DD)	