

## Ministry of Training, Colleges and Universities

## **Summer Jobs Service Participant Information**

## **ONTARIO**

Ce formulaire est aussi disponible en français

FOR SERVICE PROVIDER ONLY							
Case Reference No.							
Person Reference No.							

Staff is available to help you complete this form

NAME							
Last name							
First name	Middle	Middle Name/Nickname					
DETAILS							
Gender	Date o		Registration Date (for Service Provider use only)				
Male Female Undisclosed	day mon	th year	day month year				
Male Female Undisclosed Country of Birth							
Status in Canada	Date Arrived in Ca outside Canada)		Preferred official language of service				
Canadian Citizen Permanent Resident	ur year	English	French				
Preferred Communication		Marital Status					
Disease associate if you wish to self-identify as a group of a de-	:(-)		Single _	Married Undisclosed			
Please complete if you wish to self-identify as a member of a des Your response to this question is entirely voluntary and will not af	fect your eligibility.	Newcomer	mer Person with Disability Visible Minority				
This information will be used by the Governments of Ontario and analysis and statistical purposes related to employment programs	Canada for policy	Francophone	Deaf/Hearing	Impaired First Nations			
Métis Métis Aboriginal Ancestry Inuit							
ADDRESS							
Primary mailing address							
Unit/Suite/Apt Street No. Street Name							
City Province				Postal Code			
Alternate mailing address							
Unit/Suite/Apt Street No. Street Name	nit/Suite/Apt Street No. Street Name						
City Province	Province Postal Code						
CONTACT							
	N		F /				
Primary Telephone Area Code Home Mobile Other	Telephone Number	1 1	Ext				
	Talanhana Numbar		Ext				
Alternate Telephone Area Code Home Mobile Other	Telephone Number		Ext				
E-Mail	<u> </u>						
EDUCATION							
Institution of Highest Level of Education Completed Qualification							
Start Date End Date	Type Co	untry of Institution					
day month year day month year	Full Time						
	Part Time						

EMPLOYMENT										
List below your	work experie	nce, incl	uding volu	nteer wor	k. Start witl	n the most recent job/volui	nteer activity.			
List below your work experience, including volunteer work. Start with the most recent job/volunteer activity.  Employment Type										
Paid S	Self-Employed	Unp	aid 🔲 v	olunteer						
Name of Employ		<u> </u>								
Job Title/Duties										
Country of Empl	oyment									
Employment		-	oyment Er		Service Pro	vider Use only				
day month	year	day	month	year	NOC		NAICS			
							NAICS			
Wage Amount					Per			Employmen	t Hours per	Week
					hour	week bi-weekly	month year			
Reason for leavi	ng									
Employment Ty	ре									
	Self-Employed	Unp	aid 🔲 v	olunteer						
Name of Employ		<u> </u>								
Job Title/Duties										
Country of Empl	oyment									
Employment	Start Date	Empl	oyment Er	d Date	Service Pro	vider Use only				
day month	year	day	month	year	NOC		NAICS			
					1100		NAICS			
Wage Amount					Per		, ,	Employmen	t Hours per	Week
					hour	week bi-weekly	month year			
Reason for leavi	ng									
Employment Type										
	elf-Employed	Unp	aid 🔲 v	olunteer						
Name of Employer										
Job Title/Duties										
Country of Employment										
Employment	Start Date	Empl	oyment Er	d Date	Service Pro	vider Use only				
day month	year	day	month	year	NOC		Luuroo			
					NOC		NAICS			
Wage Amount					Per		, ,	Employmen	t Hours per	Week
					hour	week bi-weekly	month year			
Reason for leaving										
ADDITIONAL	INFORMATIO	2M								
What are your e			?							
rmar and your o		oo. goa.o								
Identify any necessary adjustments or accommodations at a job location, e.g., access and/or equipment needs, that may be required due to a health issue or disability.										
oi disability.										
What types of w	ork are you inte	rested in	doing? (lis	t by order	of preferenc	e)				
_			de:	marth	1100			d	manth	1/005
When are you a	ailable to start	work?	day	month	year	When do you pla	n to return to school?	day	month	year
					1			İ		

Case Reference No.

SERVICE PLAN (For Provider Services Use Only)	SERVICE PLAN (For Provider Services Use Only)						
Referred in	Program						
Service Delivery Site	Owner						
CLIENT SUMMARY (For Provider Services Use Only)							
Labour Force Attachment							
	ed Part Time  Have you participated or do you						
Source of Income	participate in the Ontario Youth						
	Apprenticeship Program (OYAP)						
Other Your Highest Level of Education Completed							
Grade 0-8 Grade 9 Grade 10 Grade 11 Grade 12 (or equivalent)							
OAC Some Apprenticeship Some Co							
Journeyperson Certificate/Diploma Applied I							
Country of Highest Level of Education Completed							
In Canada Outside Canada							
PLAN ITEMS (For Provider Services Use Only)							
	ncentive – Provider Identified						
Employer (must be registered in CaMS)							
Expected Start Date Expected End Date Transi	ition from part- Estimated Cost National Occupation Code (NOC)						
day month year day month year time	e to full-time?						
Ye	es No						
Comments							
C IS Disability Support Custom Basis Blan Itam							
SJS Disability Support Custom Basic Plan Item  Plan Item Name (for Custom Basic Plan Item)							
Expected Start Date Expected End Date	Expected Outcome Estimated Cost (for disability support only)						
day month year day month year							
Comments							
Type of Job							
Actual Start Date Completion Date day month year day month year							
day month year day month year							
NOTICE OF COLLECTION AND CONSENT							
Your Service Provider delivers Summer Jobs Service (SJS) under an agreement with the Ministry of Training, Colleges and Universities (Ministry) and is required to make its books and records available to the Ministry for inspection, investigation or audit. Your Service Provider is also required to report to the Ministry on:							
the service it tailors and provides to you							
<ul> <li>your employment progress and outcomes, including information received from your employer</li> <li>your satisfaction with the service you receive.</li> </ul>							
The Ministry will use your personal information to administer and finance SJS. The personal information reported by your Service Provider will be recorded							
in the Ministry's Employment Ontario Information System (EOIS). EOIS is used by Service Providers and the Ministry to support the administration and financing of Employment Ontario programs and services, including SJS. <b>Note:</b> The Ministry may use contractors, auditors and other third party							
administrators to administer and finance Employment Ontario programs and services.							
Administration includes:							
assessing the performance of your Service Provider – its effectiveness, efficiency and customer service results; monitoring, inspecting, investigating, auditing and enforcing your Service Provider's compliance with its agreement with the Ministry.							
> planning, evaluating and monitoring Employment Ontario programs and services – this includes conducting surveys; and conducting policy							
and statistical analysis and research related to all aspects of Employment Ontario, including SJS. SJS is partly funded by Canada under the Labour Market Agreement between Canada and Ontario (LMA). Under the LMA the Ministry is required to report to Canada about the results of SJS and to							
evaluate and review SJS. You may be contacted to request your voluntary participation in surveys, individually or as part of a group.  > promoting Employment Ontario – You may be contacted to request your voluntary participation in public relations campaigns related to Employment							
Ontario.							
The Ministry collects your personal information in accordance with s. 38(2) of the <i>Freedom of Information and Protection of Privacy Act</i> , R.S.O. 1990, c. f.31, as amended.							
For more information about the collection and use of your personal information to administer and finance SJS you can contact the Manager, Employment Ontario Hotline, in writing at the Ministry of Training, Colleges and Universities, 33 Bloor Street East, 2nd Floor, Toronto ON M4W 3H1 or by phone at							
1 800 387-5656. http://www.tcu.gov.on.ca/eng/threeWays.html							
l	ect, use and disclose my personal information for the purposes set out above.						
Signature of Participant:    Date (dd/mm/yyyy)							
1 - 1	xplained its use and disclosure of my personal information for its purposes.						
Signature of Participant:	Date (dd/mm/yyyy)						

Case Reference No.