

Appendix 4: Participant information

Only use if you are not already submitting a participant action plan.

			SIN
Last Name	First Name and Initial	Date of Birth (DD/MM/YYYY)	
Address			Telephone
City	P/T	Postal code	Email

Statistical Info (The participant may choose not to provide any or all of the following):

Gender Identity	Female	Male	Other	I prefer not to report
Do you have a disability?	Yes	No		I prefer not to report
Indigenous Identity	Yes	No		I prefer not to report
Immigrant?	Yes	If yes, Year	No	I prefer not to report
Visible Minority	Yes	No		I prefer not to report
Marital Status	Single	Married or equivalent		I prefer not to report
Number of Dependents	Children or adults			I prefer not to report

Education Info (Enter "Unknown" if not sure):

Highest Education Level			Complete year
Canada / US	Province/Territory/States	Other	Country
Education / Training / License (e.g. General study, High School)			
Approx. From		Approx. To	Result
Employment Goal			
Job Preference		NOC	

For Office Use Only: Case ID _____

Collection, use and disclosure of personal information

The personal information you provide is collected for the purpose of administering post-secondary and labour market programs and services. It will be shared with the following organizations:

- Employment and Social Development Canada under the authority of the *Employment Insurance Act* and/or the *Department of Employment and Social Development Act*;
- In cases where you are making an application for funding support: Canada Revenue Agency under the authority of the *Income Tax Act*;
- Government of Yukon, Department of Justice under the authority of the *Maintenance Enforcement Act*.

Your information will also be shared with the following:

- Your case manager(s) who have helped you with your action plan, your Working UP application, and ongoing support persons.
- Any third party that you have specifically accepted a referral to by your case manager or Department of Education staff as part of your Action Plan.

The information you provide may also be used for policy analysis, statistical, research and/or program evaluation purposes by the Government of Yukon and the Government of Canada.

This information is collected and managed in accordance with the *Access to Information and Protection of Privacy Act*, R.S.Y., 2002, c.1 (the "Act"). Records and information pertaining to this application may be disclosed to third parties only in accordance with the Act.

Other than as stated above, your information will not be shared with any individual or organization without your specific, written consent.

Questions? Please contact:

The Director: Post Secondary & Labour Market Unit

Policy and Partnerships Branch, Department of Education

Box 2703, Whitehorse YT Y1A 2C6

Phone 867-667-5727 or 1-800-661-0408 ext. 5906.

I acknowledge that I have read and that I understand the above information regarding the collection, use, and disclosure of my personal information:

Name of Participant (please print)	
Signature	Date (DD/MM/YY)