

Youth Partnerships
 Application/Intake Form
 and FIPPA Consent



Project Information

DATE: _____
 (Year/Month/Day)

Project Provider Name Employment Solutions for Immigrants Inc. Manitoba Start Work Experience Program 2019-2020		
Program Partners With Youth		Contract File # 1015752
Project End Date (Year/Month/Day) March 31, 2020	Project Officer Lauri Blair	Youth Partnerships Office Location 230-800 Portage Ave.

Consent to Obtain and Disclose Personal Information - Freedom of Information and Protection of Privacy Act (FIPPA)

The information you provide is protected under FIPPA. If you have any questions please contact the Project Officer at 204-945-3966. The personal information collected is done so under the authority of Manitoba Education and Training and will be used for the purpose of determining your program eligibility. This information may be shared with Manitoba Education and Training partners for the purpose of program monitoring and accountability requirements, as well as for research and evaluation purposes. These partners may include Manitoba Growth, Enterprise and Trade; Manitoba Families; Service Canada and organizations that deliver programs and services under contract with Manitoba Education and Training. As well, the information may be used to contact you in the future for evaluation purposes.

I, the participant, consent to the collection, disclosure and use of my personal information for the above stated purposes.

Signature: _____ Date: _____

Participant Information

S.I.N.								Last Name				First Name			
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>															
Address						City/Town						Postal Code			
Telephone Number						Message Number									
Start Date (Year/Month/Day)						Birth date (Year/Month/Day)									

Age Range <input type="checkbox"/> 16 - 17 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 - 29 <input type="checkbox"/> 30 - 35 <input type="checkbox"/> 36 - 40 <input type="checkbox"/> 41 - over			
Target Group (Please check each one that applies) <div> <input type="checkbox"/> Indigenous <input type="checkbox"/> Multiple Barriers <input type="checkbox"/> Person with a Disability </div> <div> <input type="checkbox"/> Visible Minority <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> N/A </div>			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			
Marital Status <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Single Parent <input type="checkbox"/> Single (no dependents)			
Source of Income (Check each one that applies) <div> <input type="checkbox"/> Provincial Assistance <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Employment </div> <div> <input type="checkbox"/> Self Employed <input type="checkbox"/> Other (Specify) _____ </div>			
Length of Time on Assistance <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 - 12 months <input type="checkbox"/> 13 - 24 months <input type="checkbox"/> More than 24 months <input type="checkbox"/> N/A			
Referral Source <input type="checkbox"/> Provincial Assistance <input type="checkbox"/> Self Referral <input type="checkbox"/> Other (specify) _____			
Education <input type="checkbox"/> Grade 1 - 8 <input type="checkbox"/> Grade 9 - 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> GED <input type="checkbox"/> Post Secondary <input type="checkbox"/> Other (specify) _____			
Length of Time Looking for Work <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 - 12 months <input type="checkbox"/> 13 - 24 months <input type="checkbox"/> More than 24 months <input type="checkbox"/> N/A			

Income Assistance Case Worker Information

Provincial Assistance Case #	Case Worker Name	Telephone Number