

Fields marked with an asterisk (*) are mandatory.

Staff is available to help you complete this form.

Employment Ontario Programs *

<input type="checkbox"/> Employment Service (ES)	<input checked="" type="checkbox"/> Literacy and Basic Skills (LBS)	<input type="checkbox"/> Supported Employment Consortia (SEC)
<input type="checkbox"/> Youth Job Connection (YJC)/Youth Job Connection: Summer (YJCS)		<input type="checkbox"/> Supported Employment Sole (SES)

Service Provider Use Only

Case Reference	Person Reference	Date of Registration (dd/mm/yyyy)
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Participant Details

Last Name *	First Name *	Middle Initial
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Preferred Name

Social Insurance Number *

I identify as: * (Select only one)

<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Trans	<input type="checkbox"/> Other (specify) ►
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 Prefer not to disclose

Date of Birth (dd/mm/yyyy) *	Date Arrived in Canada (if born outside Canada) (dd/mm/yyyy)	Place of Birth (Country)
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Status in Canada *

<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other (specify) ►
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Preferred Language *

<input type="checkbox"/> English	<input type="checkbox"/> French
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Immigrated to Canada? *

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Prefer not to disclose
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Preferred Communication

<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Hard Copy	Marital Status *
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Marital Status *

<input type="checkbox"/> Single	<input type="checkbox"/> Married (or equivalent)
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<input type="checkbox"/> Undisclosed

Please complete if you wish to self-identify as a member of a designated group(s). Your response to this question is entirely voluntary and will not affect your eligibility. This information will be used by the Governments of Ontario and Canada for policy analysis and statistical purposes related to employment programs and services. (You may select more than one (1) option:)

<input type="checkbox"/> Newcomer	<input type="checkbox"/> Person with Disability	<input type="checkbox"/> First Nations
<input type="checkbox"/> Racialized Person	<input type="checkbox"/> Inuit	<input type="checkbox"/> Deaf
<input type="checkbox"/> Deafblind	<input type="checkbox"/> Métis	<input type="checkbox"/> Francophone

Participant Address and Contact Information**Primary Mailing Address**

Unit Number	Street Number *	Street Name *	PO Box
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City/Town *	Province *	Postal Code *
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Alternate Mailing Address

Unit Number	Street Number *	Street Name *	PO Box
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City/Town *	Province *	Postal Code *
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Primary Phone Number

<input type="checkbox"/> Home	<input type="checkbox"/> Mobile	<input type="checkbox"/> Other	<input type="checkbox"/> Mobile Messaging Opt-In
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Telephone Number

ext.

Alternate Phone Number

<input type="checkbox"/> Home	<input type="checkbox"/> Mobile	<input type="checkbox"/> Other
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Telephone Number

<input type="checkbox"/> Mobile Messaging Opt-In
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ext.

Email Address

Mobile Messaging Opt-In

By providing your mobile number and selecting the opt-in box on the program registration form, you agree to receive transactional and automated text messages, such as satisfaction survey messaging, from Northland Adult Learning Centre. Message and data rates may apply. Message frequency may vary. Reply HELP for help; STOP to opt-out. Consent is not a condition for receipt of service. View our privacy policy and terms of use below.

Education

Indicate your Highest Level of Education/Qualification:

- Grade 0 - 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12 (or equivalent)

- OAC
- Certificate of Apprenticeship
- Journeyperson
- Certificate/Diploma

- Applied Degree
- Associate Degree
- Bachelor's Degree
- Post Graduate

Institution of Highest Level of Education

Program Description

Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	Type	Country of Institution
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	

Additional Education

- Some Apprenticeship
- Some College
- Some University

Institution of Additional Education

Program Description

Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	Type	Country of Institution
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	

Employment

List your work experience, including volunteer work. Start with the most recent job/volunteer activity.

Work Experience 1

Employment Type

- Paid
- Self Employed
- Unpaid
- Volunteer

Name of Employer

Job Title/Duties

Employment Start Date (dd/mm/yyyy)	Employment End Date (dd/mm/yyyy)	Country of Employment

Pay Period *

- Hour
- Week
- Bi-weekly
- Month
- Year

Wage Amount (\$)*

Employment Hours Per Week *

Reason for Leaving

Service Provider Use Only

NOC *

NAICS *

Client self-assessment

How long do you think you will spend in the program? (weeks)

On average, how many hours a week can you devote to your learning? (hr(s) per week)

In class

On your own

Notice of Collection and Consent

Your Service Provider delivers the Literacy and Basic Skills Program 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 services it provides to you;
- Your education and training progress as well as your results when you finish the program; and
- Your satisfaction with the services you receive.

The Ministry will also collect relevant personal information about you from Canada if necessary to determine your eligibility for and the nature and level of Employment Insurance benefits and to monitor, assess and evaluate the effectiveness of the Literacy and Basic Skills Program.

The Ministry will use your personal information to administer and finance the Literacy and Basic Skills Program. For purposes of administering the Literacy and Basic Skills Program, client information collected on this form will be recorded, either by the Service Provider or Ministry, in the Ministry's Employment Ontario Information System. The Employment Ontario Information System is used by the Service Provider and the Ministry to support the administration of Employment Ontario programs and services, including the Literacy and Basic Skills Program.

The Ministry may use contractors and auditors to administer and finance the Literacy and Basic Skills Program.

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 the Literacy and Basic Skills Program – this includes conducting surveys; and conducting policy and statistical analysis and research related to all aspects of the Literacy and Basic Skills Program. You may be contacted to request your voluntary participation in surveys.
- Promoting the Literacy and Basic Skills Program – you may be contacted to request your voluntary participation in public relations campaigns related to the Literacy and Basic Skills Program.

The Literacy and Basic Skills Program is funded by the Ministry, in part with funds provided by Canada under Part II of the *Employment Insurance Act*. When funds are provided by Canada, the Ministry is required to help facilitate Canada's monitoring and assessment of the Employment Insurance Program, as required under s.3 of the *Employment Insurance Act*. Under the Labour Market Development Agreement between Canada and Ontario (LMDA) and the Workforce Development Agreement between Canada and Ontario (WDA), the Ministry is required to collect your social insurance number.

The Ministry collects your personal information in accordance with s. 38(2) of the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, C. F.31, as amended, and pursuant to the LMDA, ss. 3 and 63 of the *Employment Insurance Act*, S.C. 1996, C.23 as amended, s.76.29 of the Employment Insurance Regulations, SOR/96-332.

For more information about the collection and use of your personal information to administer and finance Literacy and Basic Skills Program, you can contact the Manager, Employment Ontario Call Centre, in writing at the Ministry of Training, Colleges and Universities, 33 Bloor Street East, 2nd Floor, Toronto ON M7A 2S3 or by phone at 1-800-387-5656. For the hearing impaired, TTY is available at 1-866-533-6339.

Mobile Messaging Opt-In

By providing your mobile number and selecting the opt-in box on the program registration form, you agree to receive transactional and automated text messages, such as satisfaction survey messaging from Northland Adult Learning Centre. Message and data rates may apply. Message frequency may vary. Reply HELP for help; STOP to opt-out. Consent is not a condition for receipt of service. View our privacy policy <https://tinyurl.com/ADSBPrivacy> and terms of use (see below).

Terms of Use

Students who agree to receive messaging from Northland Adult Learning Centre do so with the understanding that message and data rates may apply, and that message frequency may vary. Consent to receive the above-mentioned messaging is not required as a condition of receiving services from Northland Adult Learning Centre. Text the word HELP at any time for additional support or contact us by email at sonntas@adsb.on.ca or by phone at 1-888-393-3639. Text the word STOP at any time to stop receiving messaging from Northland Adult Learning Centre.

Signatures

By signing below, I acknowledge that my Service Provider has explained its use and disclosure of my personal information for its purpose.

Participant's Name	Participant's Signature	Date (dd/mm/yyyy)
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Parent's/Guardian's Name	Parent's/Guardian's Signature (if applicant is under 16)	Date (dd/mm/yyyy)
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By signing below, I give consent to the Ministry to indirectly collect, use and disclose my personal information for the purposes set out above.

Participant's Name	Participant's Signature	Date (dd/mm/yyyy)
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Parent's/Guardian's Name	Parent's/Guardian's Signature (if applicant is under 16)	Date (dd/mm/yyyy)
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Client Summary

Referred In (How did you find out about us?)	Service Delivery Site	Owner
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Template

<input type="checkbox"/> Goal Path to Employment	<input type="checkbox"/> Goal Path to Apprenticeship	<input type="checkbox"/> Goal Path to Secondary School Credit
<input type="checkbox"/> Goal Path to Postsecondary	<input type="checkbox"/> Goal Path to Independence	

Language

Language Spoken at Home:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> ASL	<input type="checkbox"/> Indigenous	<input type="checkbox"/> LSQ	<input type="checkbox"/> Other
Language Spoken at Last Workplace:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> ASL			
Service Provision Language:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> ASL			

Additional Details**Dependants**

Number of dependants	<input type="checkbox"/> Prefer not to disclose
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Source of Income

<input type="checkbox"/> Employed	<input type="checkbox"/> Ontario Works (OW)	<input type="checkbox"/> Crown Ward
<input type="checkbox"/> Dependent of OW/ODSP Recipient	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Ontario Disability Support Program (ODSP)
<input type="checkbox"/> Employment Insurance (EI)	<input type="checkbox"/> No Income	<input type="checkbox"/> Other, specify

Education (Select the Highest Level of Education)

<input type="checkbox"/> Grade 0 - 8	<input type="checkbox"/> Grade 12 (or equivalent)	<input type="checkbox"/> Journeyperson	<input type="checkbox"/> Applied Degree
<input type="checkbox"/> Grade 9	<input type="checkbox"/> OAC	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate Degree
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Some Apprenticeship	<input type="checkbox"/> Certificate/Diploma	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Certificate of Apprenticeship	<input type="checkbox"/> Some University	<input type="checkbox"/> Post Graduate
Country in which highest level of education was completed		<input type="checkbox"/> In Canada	<input type="checkbox"/> Outside Canada

Time out of Formal Education

<input type="checkbox"/> Less than 3 months	<input type="checkbox"/> 3 to 6 months	<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> 1 year to 6 years	<input type="checkbox"/> More than 6 years	<input type="checkbox"/> N/A
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Time out of Training

<input type="checkbox"/> Less than 3 months	<input type="checkbox"/> 3 to 6 months	<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> 1 year to 6 years	<input type="checkbox"/> More than 6 years	<input type="checkbox"/> N/A
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History of Interrupted Education?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Employment**Labour force attachment**

<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Under-employed	<input type="checkbox"/> Self-employed
<input type="checkbox"/> Full-time Student	<input type="checkbox"/> Part-time Student			

Employment Experience

<input type="checkbox"/> No work experience	<input type="checkbox"/> Worked in Canada	<input type="checkbox"/> Worked, but not in Canada
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Registered Apprentice

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Time out of Work

<input type="checkbox"/> Less than 3 months	<input type="checkbox"/> 3 to 6 months	<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> 1 year to 6 years	<input type="checkbox"/> More than 6 years	<input type="checkbox"/> N/A
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Assessment**Entry Assessment Tool**

<input type="checkbox"/> CABS	<input type="checkbox"/> Camera	<input type="checkbox"/> EARAT	<input type="checkbox"/> ESEE	<input type="checkbox"/> ESOT	<input type="checkbox"/> PDQ	<input type="checkbox"/> Towes	<input type="checkbox"/> Other
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Result :

Date of Assessment for the Entry Assessment Tool (dd/mm/yyyy)

Learner Gains Exempt**Intake Learner Gains Score:**

Reading	Document Use	Numeracy
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Date of Assessment for the Intake Learner Gains Score (dd/mm/yyyy)