



**YES Participant Information Form
Digital Skills for Youth (DS4Y)**

PROTECTED B
when completed

Participation in the Youth Employment Strategy is voluntary. Refusal to provide information will result in you not being eligible to participate. The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

Your personal information is administered in accordance with the Department of Employment and Social Development Act, the Privacy Act and other applicable laws. You have the right to the protection of, and access to, your personal information, which is described in the Personal Information Banks ESDC PPU 706 (TBS Registration # 20150242). Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following web site address: <http://www.infosource.gc.ca>. Info Source may also be accessed on-line at any Service Canada Centre.

PART A - PROJECT INFORMATION – TO BE COMPLETED BY EMPLOYER

1	LEGAL NAME OF EMPLOYER				
2	CITY, PROVINCE / TERRITORY	3	POSTAL CODE	4	TELEPHONE NO.
5	TYPE OF EMPLOYER <input type="checkbox"/> NOT-FOR-PROFIT <input type="checkbox"/> PUBLIC				
6	PROGRAM / ACTIVITY <input type="checkbox"/> Career Focus				

JOB INFORMATION

7	START DATE (yyyy/mm/dd)	8	FINISH DATE (yyyy/mm/dd)	9	POSITION TITLE	10	HOURS PER WEEK	11	HOURLY / WEEKLY RATE
I hereby declare that no preference was given to the selection of an employee, who is a member of the immediate family of the employer*, or an officer or director of the employer*.									
SIGNATURE OF EMPLOYER*			NAME AND TITLE (PRINT)				DATE (yyyy/mm/dd)		

PART B - PARTICIPANT INFORMATION – TO BE COMPLETED BY THE PARTICIPANT

12	SURNAME	13	GIVEN NAME AND INITIAL				
14	PERMANENT ADDRESS		15	CITY			
16	PROVINCE / TERRITORY	17	POSTAL CODE	18	TELEPHONE NUMBER & EMAIL ADDRESS		
19	NAME OF EDUCATIONAL INSTITUTION LAST ATTENDED		20	FIELD OF STUDY	21	YEAR OF BIRTH (yyyy/mm/dd)	
22	HIGHEST LEVEL OF EDUCATION COMPLETED						
<input type="checkbox"/> GRADE 8 OR LESS <input type="checkbox"/> BETWEEN GRADE 9 AND 12 <input type="checkbox"/> GRADE 12 COMPLETED (SECONDARY SCHOOL)						<input type="checkbox"/> SOME POST-SECONDARY EDUCATION BUT NOT UNIVERSITY (INCLUDING CEGEP) <input type="checkbox"/> UNIVERSITY INCOMPLETE (1 OR MORE YEARS) <input type="checkbox"/> UNIVERSITY BACHELOR'S DEGREE COMPLETED	<input type="checkbox"/> MASTER'S OR PHD INCOMPLETE <input type="checkbox"/> MASTER'S OR PHD COMPLETED
23	IN MY OPINION, THIS POSITION IS RELATED TO MY FIELD OF STUDY <input type="checkbox"/> YES <input type="checkbox"/> NO		24	I WAS A FULL-TIME STUDENT DURING THE PRECEDING ACADEMIC YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO			
25	I INTEND TO RETURN TO SCHOOL FULL-TIME IN THE UPCOMING ACADEMIC YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO	26	WILL YOU HAVE ANY OTHER FULL TIME JOBS (I.E. 30 HOURS OR MORE PER WEEK) FOR THE DURATION SPECIFIED IN BOXES 7 AND 8 ABOVE <input type="checkbox"/> YES <input type="checkbox"/> NO		27	ARE YOU CURRENTLY IN RECEIPT OF EMPLOYMENT INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
28	DO YOU MEET THE ELIGIBILITY CRITERIA OUTLINED ON PAGE 2? <input type="checkbox"/> YES <input type="checkbox"/> NO						
29	EMPLOYMENT STATUS AT START OF INTERVENTION <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student		30	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			
31	WHAT IS YOUR MOTHER TONGUE? THAT IS, THE LANGUAGE THAT YOU FIRST LEARNED AND STILL SPEAK. <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	32	LANGUAGE SPOKEN <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both	33	LANGUAGE WRITTEN <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both	34	LANGUAGE PREFERENCE <input type="checkbox"/> English <input type="checkbox"/> French



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.

35	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	36	MEMBER OF A VISIBLE MINORITY <input type="checkbox"/> YES <input type="checkbox"/> NO	37	PERSON WITH DISABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO
38	ABORIGINAL GROUP <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				
PARTICIPANT CONSENT TO RELEASE INFORMATION					
<p>I, _____ (name of participant), the undersigned, give my consent for _____ (Contribution Recipient) to release the information contained in this form regarding my participation in a YES program to Industry Canada 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 Industry Canada and ESDC for the evaluation and accountability of the YES program.</p>					
_____ Participant's Signature				_____ Date (YYYY-MM-DD)	

PART C – TO BE COMPLETED BY YOUTH SUPERVISOR AFTER INTERVENTION TERMINATION

39	PARTICIPANT DID NOT COMPLETE THE INTERVENTION	40	PARTICIPANT COMPLETED THE INTERVENTION
DATE OF EARLY TERMINATION _____ (YYYY-MM-DD)		DATE OF COMPLETION _____ (YYYY-MM-DD)	
REASON <input type="checkbox"/> Did not follow through <input type="checkbox"/> Employed / Self-employed <input type="checkbox"/> Moved <input type="checkbox"/> Not active in labour force <input type="checkbox"/> Returned to school <input type="checkbox"/> Other _____		PARTICIPANT IS NOW <input type="checkbox"/> Searching for employment <input type="checkbox"/> Making career decisions <input type="checkbox"/> In skills enhancement <input type="checkbox"/> Returned to school <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Not employed	
41	YOUTH SUPERVISOR'S NAME		
YOUTH SUPERVISOR'S SIGNATURE _____		DATE _____ (YYYY-MM-DD)	

MINISTERIAL USE ONLY – NAME OF DEPARTMENT/AGENCY: INDUSTRY CANADA		
DATE RECEIVED _____ (YYYY-MM-DD)	DATE OF ENTRY _____ (YYYY-MM-DD)	NAME _____

To assist us in capturing information on the youth programs as well as the results achieved, please indicate if you meet the following criteria:

Career Focus Criteria

At the time of intake/selection, you were:

- Be between 15 and 30 years of age at the start of the internship;
- Have recently (within two years prior to the start of their internship) completed post-secondary studies¹;
- Legally entitled to work in Canada;
- A Canadian citizen, permanent resident, or person who has been granted refugee status in Canada
- Not in receipt of Employment Insurance during their internship; and
- Self-assess as underemployed, meaning they are employed below their level of education and/or hold part-time employments.

¹ Graduates of degree or diploma programs from universities, colleges, post-secondary schools of technology, postsecondary institutes and CEGEP (collège d'enseignement général et professionnel, Québec). These may be either publicly or privately funded institutions.