



OPPORTUNITIES FUND FOR PERSONS WITH DISABILITIES - PARTICIPANT INFORMATION FORM

The information you provide on this form is collected under the authority of section 7 of the Department of Employment and Social Development Act for the purposes of determining your eligibility to participate in the Opportunities Fund for Persons with Disabilities program. The Social Insurance Number (SIN) is collected in accordance with the Treasury Board Directive on Social Insurance Number which lists the Opportunities Fund for Persons with Disabilities as an authorized user of the SIN. The SIN will be used for determining your eligibility to participate.

Participation in the Opportunities Fund for Persons with Disabilities 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 300. 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 the Contribution Recipient

Name of Contribution Recipient	BC Centre for Ability	Project Number
Intervention Titles		
<input type="checkbox"/> Opportunities Fund Skills for Employment	Start Date (yyyy-mm-dd) _____	End Date (yyyy-mm-dd) _____
<input type="checkbox"/> Opportunities Fund Self - Employment	Start Date (yyyy-mm-dd) _____	End Date (yyyy-mm-dd) _____
<input type="checkbox"/> Opportunities Fund Wage Subsidies	Start Date (yyyy-mm-dd) _____	End Date (yyyy-mm-dd) _____
<input type="checkbox"/> Opportunities Fund Enhanced Employment Assistance Services	Start Date (yyyy-mm-dd) _____	End Date (yyyy-mm-dd) _____

Part B - Participant Information - To be Completed by the Participant

Surname (as appears on SIN card)	Given Name and Initials (as appears on SIN card)	Social Insurance Number
Email Address		
Permanent Address		City
Province	Postal Code	Telephone Number
Date of Birth (yyyy-mm-dd)		
Employment Status prior to the Intervention		
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed *see definition on page 2 <input type="checkbox"/> Student		
EI Eligibility		
Are you currently in receipt of Employment Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you received Employment Insurance in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you worked in the last 52 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how many hours have you worked in the last 52 weeks? _____		
Do you meet the eligibility criteria outlined on page 2? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Residency Status		Intervention Language
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee under the Immigration and Refugee Protection Act* see definition on page 2		<input type="checkbox"/> English <input type="checkbox"/> French
		Person with Disability
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Disability		
<input type="checkbox"/> Agility <input type="checkbox"/> Hearing <input type="checkbox"/> Mental Health <input type="checkbox"/> Visual <input type="checkbox"/> Intellectual <input type="checkbox"/> Developmental <input type="checkbox"/> Learning <input type="checkbox"/> Motor Skills <input type="checkbox"/> Speaking <input type="checkbox"/> Other _____		

Information on employment equity (Mandatory)

Gender	Member of Visible Minority	New Immigrant *see definition on page 2
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer
Indigenous Group		
<input type="checkbox"/> Registered on-reserve <input type="checkbox"/> Registered off-reserve <input type="checkbox"/> Non status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> N/A <input type="checkbox"/> Decline to answer		
Level of education		
<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary completed <input type="checkbox"/> Secondary in-complete <input type="checkbox"/> Post-secondary completed <input type="checkbox"/> Post-secondary incomplete (College, cegep etc) <input type="checkbox"/> University incomplete (1 or more years) <input type="checkbox"/> University Diploma		
_____ (Province) _____ (Year completed)		

Participant Consent to Release Information

I, _____ the undersigned, give my consent for _____ **BC Centre for Ability** _____
 (Name of Participant) (Contribution Recipient)

to release the information contained in this form regarding my participation in a OF program to ESDC. I acknowledge that the information is collected and administered in accordance with the *Department of Employment and Social Development Act, Privacy Act* and applicable laws, and that it may be used to determine my eligibility for the OF program and provided to ESDC for the evaluation and accountability of the OF program. I may be contacted in the future by ESDC regarding my participation in the program.

_____ Participant's Signature _____ Date (yyyy-mm-dd)

For work experience:

National Occupational Classification	North American Industry Classification System	Small or Medium enterprise (between 1 - 499 employees)
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Employer:

Private Public Private Other: _____