

EMPLOYMENT SERVICES AND SUPPORT PROGRAM PARTICIPANT INTAKE WORKSHEET

Participant Name:	First Name		1iddle Name	Last Name	!
Date of Birth:	/ Year	Month	/ Day		
SIN Number: (If retuming this form	ıvia e-mail, pleas	e <u>do not</u> fill in you	ır SIN. Call office or provi	ide in-person when	meeting WITT
Government-Issued	d Identification:				
BC Driver's Li	cense				
BCID					
Birth Certifica	te				
Other (please	specify)				
NOTE: Indicate o	nly the type of i	identification th	nat was used to confir	m the participant	's identity.
Personal Phone: _			Able to receive texts?	? Yes	No
			Able to receive texts?	? Yes	No
Personal Phone: _ Alternate Phone: _ Email Address:				? Yes	No
Alternate Phone: _ Email Address:				? Yes	No
Alternate Phone: _ Email Address:				? Yes	No
Alternate Phone: _ Email Address:	ss:	SS			No Il Code
Alternate Phone: _ Email Address:	ss: Road Addre	SS			
Alternate Phone: _ Email Address: Residential Addres	ss: Road Addre	SS			
Alternate Phone: _ Email Address: Residential Addres 1. Gender:	SS:	SS			
Alternate Phone: _ Email Address: Residential Addres 1. Gender: Male	Road Addre City/Town Female	SS		– Posta	
Alternate Phone: _ Email Address: Residential Addres 1. Gender: Male 2. Marital States	Road Addre City/Town Female	ss Other	Prefer not to say	– Posta	







4.	Did you immi	igrate to Ca	anada?	
	Yes	No		
	If yes, what y	ear did you	immigrate to Canada?	
5.	What is your	Citizenship	status?	
	Canadia	n Citizen	Permanent Resident	Protected Person
6.	Do you identi	fy as a visi	ble minority?	
	The Employmer	nt Equity Act	defines visible minorities as "perso	ons, other than Aboriginal peoples, who are non-Caucasian in
	race or non-whit	te in colour".	The visible minority population co.	nsists mainly of the following groups: Chinese, South Asian,
	Black, Arab, We	st Asian, Filip	ino, Southeast Asian, Latin Americ	an, Japanese, and Korean.
	Yes	No	Prefer not to answer	
7.	Are you a Per	rson with a	Disability?	
	Yes	No	Prefer not to answer	
0	Have you be	on or oro v	ou a Vauth in Cara with the N	Ainistry of Children and Family Dayslanment?
8.	nave you be	en or are yo	ou a Youlli ill Care willi lile i	Ministry of Children and Family Development?
	Yes	No	Prefer not to answer	
9.	Do you self-io	lentify as a	n Indigenous Person (First Na	ations, Metis, or Inuk)?
	Yes	No	Prefer not to answer	

9a. If you identify as an Indigenous Person, are you:

First Nations Métis Inuk

10. Are you currently participating in any other provincially or federally funded program?

Yes No

*If yes, answer 9a

11. What is your highest level of education achieved?

Less than high school

High School Diploma or GED

Some Post-Secondary

College or other Non-University Certificate, Diploma, or Degree

University Certificate or Diploma

University Degree

Other

Prefer not to report







	English	French	Not a Federal official language
13.	What best desc	ribed your empl	oyment status before entering the program?
	Employed	- a person hav	ing a job or business
	Employed	in a trade occu	pation
	Un-Emplo	yed	
	Self-Empl	oyed	
	In school	or training	
	Not in the	labour force - I	unwilling or unable to work
If yo	ou answered 'Er	mployed' or 'Self	Employed', please complete questions 14 through 17. Otherwise
con	tinue to questic	n 18.	
14.	If "Employed" or	"Self-Employed	"how many hours do you work on average each week?
15.	What is your ave	erage hourly wag	ge?\$
16.	What is your em	ployment type?	
	Seasonal	Employment	
	Temporar	y Employment	
	Casual En	nployment	
	Permanen	t Employment	
	None of th	ne above	
17.	In which industr	ydoyouwork? F	Pleasedescribetheindustrysector:
	Job Title:	•	·
	ob Title.	e.g. Server, Co	ok, Sales associate, Cashier, Landscaper, General labourer
	Employer Nama		
	Employer Name	•	
	Sector Type:	e.g. manufacti	uring, healthcare, retail, trades, hospitality, agriculture
10	Lloo vour omn	lovment been d	lirectly imported by changes in the forestry costor?
18.		-	lirectly impacted by changes in the forestry sector? ts, and the cessation of forest harvesting)
	Yes	No	
19.			pacted by changes in the forestry sector? s, and the cessation of forest harvesting)
	Yes	No	



12. What is your Federal official language of choice?





20. Are you currer	tly receiving Income Assistance	?
Yes	No	
21. Are you curren	tly receiving Employment Insurar	nce benefits?
Yes	No	
If yes, please	complete the Section 25 exempt	ion form.
22. Are you or hav	e you been an Apprentice?	
Yes	No	
If yes to ques	tion 22, what is your Industry Tra	aining Authority (ITA)/ SkilledTradesBC number?
23. Are you a Cert Yes	ified Trades Person? No	
		certify that the above information
ccurate to the best	Print Name of my knowledge.	
	Signature	Date





