

The information collected in this form will be used by Agriculture and Agri-Food Canada (AAFC) to determine your eligibility for the Youth Employment Strategy (YES) program and by AAFC and by Human Resources and Skills Development Canada (HRSDC) for subsequent evaluation of the Youth Employment Strategy (YES) program and accountability purposes (Parts A, B and C on the form only).

HRSDC, on behalf of the Government of Canada, is responsible for the evaluation of the YES program in order to ascertain how beneficial the programs are to YES participants. Your help in providing accurate information is essential for HRSDC to evaluate the program and conduct participant surveys to ensure that the YES programs meet your needs.

The information you provide is collected and protected in accordance with the *Privacy Act*. No administrative decisions will be made about you by HRSDC based on the information provided to HRSDC. Completion of this form is mandatory. Failure to complete this form will result in you not being considered for the YES program.

Your consent to provide the information collected on this form to HRSDC is voluntary. Failure to consent to the disclosure of Information collected on this form to HRSDC will not impact on you being considered for this program. However, failure to consent to the provision of the information collected on this form to HRSDC will negatively impact on the evaluation of the YES program by HRSDC. However, should this be necessary, HRSDC will obtain your permission prior to linking information from other sources.

The information you have provided for evaluation and accountability purposes will also be shared with AAFC. The information is administered in accordance with the *Privacy Act* and applicable privacy laws. You have the right to the protection of, and access to, your personal information. It will be retained by AAFC in Personal Information Bank PPU 130 and by HRSDC in Personal Information Bank HRSDC PPU 450, entitled Evaluation and Data Development. Instructions for obtaining this information are outlined in the government publication, entitled Info Source, a copy of which is located at all Human Resources Centres. Info Source is also available at the following web site address, <http://infosource.gc.ca>

<b>PART A - PROJECT INFORMATION - TO BE COMPLETED BY PROJECT CO-ORDINATOR</b>			
<b>1</b> Name of Contribution Recipient	<b>2</b> File Number		
<b>3</b> Program Activity <input type="checkbox"/> Career Focus			
<b>4</b> Participant's Start Date (YYYY-MM-DD)	<b>5</b> Anticipated Finish Date (YYYY-MM-DD)		
<b>PART B - PARTICIPANT INFORMATION - TO BE COMPLETED BY THE PARTICIPANT</b>			
<b>6</b> Surname	<b>7</b> Given Name and Initial		
<b>8</b> Permanent Address			
<b>9</b> City	<b>10</b> Province	<b>11</b> Postal Code	<b>12</b> Telephone
<b>13</b> Are you currently in receipt of Employment Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>14</b> Date of Birth (YYYY-MM-DD)	<b>15</b> Employment status at start of intervention <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student		
<b>16</b> Residency Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other			
<b>17</b> 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			
<b>18</b> Do you meet the eligibility criteria outlined on page 2 (Career Focus)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>19</b> First Official Language <input type="checkbox"/> English <input type="checkbox"/> French	<b>20</b> Language Spoken <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both	<b>21</b> Language Written <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both	<b>22</b> Language Preference <input type="checkbox"/> English <input type="checkbox"/> French
<b>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.</b>			
<b>23</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>24</b> Member of a visible minority <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>25</b> Person with disability <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>26</b> 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
<b>PARTICIPANT CONSENT TO RELEASE INFORMATION</b>			
<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 AAFC and HRSDC. 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 AAFC and HRSDC for the evaluation and accountability of the YES program.</p> <p style="text-align: right;">Date _____ (YYYY-MM-DD)</p> <p style="text-align: center;">_____ Participant's Signature</p>			
<b>PART C - TO BE COMPLETED BY PROJECT CO-ORDINATOR AFTER INTERVENTION TERMINATION</b>			
<b>27</b> Participant <b>did not complete</b> the intervention Date of early termination _____ (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 _____	<b>28</b> Participant <b>completed</b> the intervention Date of completion _____ (YYYY-MM-DD) Participant is now _____ (YYYY-MM-DD) <input type="checkbox"/> Searching for employment <input type="checkbox"/> Returned to school <input type="checkbox"/> Making career decisions <input type="checkbox"/> Employed / Self-employed <input type="checkbox"/> In skills enhancement <input type="checkbox"/> Not employed		
<b>29</b> Project Co-ordinator's Name			
Project Co-ordinator's Signature _____		Date _____ (YYYY-MM-DD)	
<b>MINISTERIAL USE ONLY - NAME OF DEPARTMENT/AGENCY:</b>			
<b>DATE RECEIVED</b> _____ (YYYY-MM-DD)	<b>DATE OF ENTRY</b> _____ (YYYY-MM-DD)	<b>NAME</b> _____	

**PARTICIPANT INFORMATION**

Name of Recipient

File Number

**Participants - Career Focus**

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

**Basic Criteria**

At the time of intake/selection, you were:

- |  |   |
|--|---|
| <input type="checkbox"/> Between 15 and 30 years of age (inclusive)  | <input type="checkbox"/> Out of school  |
| <input type="checkbox"/> A post-secondary graduate   | <input type="checkbox"/> A Canadian citizen, permanent resident               |
| <input type="checkbox"/> Legally entitled to work according to the relevant provincial legislation and regulations | <input type="checkbox"/> Not in receipt of Employment Insurance (EI) benefits |

**PARTICIPANT DECLARATION**

The purpose of the Youth Employment Strategy (YES) is to provide a work experience that would facilitate the transition to the labour market. It is recommended that normally a young person has access to the Career Focus program under the YES only once. To my knowledge, I certify that I have not participated in any of the Youth Employment Strategy Work Experience Programs targeted at post-secondary graduates.

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Participant's Signature

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Date (YYYY-MM-DD)