

Participant Information

Social Insurance Number: _____

Name: _____

Date of Birth (YYYY/MM/DD): _____ Gender Identity: _____

Preferred Language: ☐ English ☐ French ☐ Other Language of Service: ☐ English ☐ French

Referral Source

- | | | |
|---|---|---|
| <input type="checkbox"/> Apprenticeship Branch | <input type="checkbox"/> First Nations Organization | <input type="checkbox"/> Mental Health Organization |
| <input type="checkbox"/> CAHRD | <input type="checkbox"/> Government of Manitoba | <input type="checkbox"/> Métis Organization |
| <input type="checkbox"/> Child and Family Services | <input type="checkbox"/> Govt Asst Refugee/Labour | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> HRDC-EI Insert | <input type="checkbox"/> Provincial Assistance |
| <input type="checkbox"/> Community Mental Health | <input type="checkbox"/> HRSDC-Walk-In | <input type="checkbox"/> School/Transitional Planning |
| <input type="checkbox"/> Designated Agency | <input type="checkbox"/> Internet | <input type="checkbox"/> Self |
| <input type="checkbox"/> Employability for Disabilities | <input type="checkbox"/> Manitoba Justice | <input type="checkbox"/> Spinal Cord Injury Manitoba |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Manitoba Possible | <input type="checkbox"/> Training Institution |
| <input type="checkbox"/> Employment Service Provider | <input type="checkbox"/> Manitoba Start | <input type="checkbox"/> Training and Employment |
| <input type="checkbox"/> Family/friend | <input type="checkbox"/> Medical/Doctor/Health | <input type="checkbox"/> Vision Loss Rehabilitation |

Primary Contact Information

Delivery Address: (e.g. Box or R.R.): _____

City/Town: _____ Postal Code: _____

Telephone Number (xxx-xxx-xxxx): _____ E-mail Address: _____

Employment Information

Employment Status at Intake: ☐ Employed ☐ Unemployed ☐ Self-employed

If employed or self-employed: Wage/Salary/Commission: _____ Hours per week: _____

Payment Frequency: ☐ Hourly ☐ Daily ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Annually

Highest Level of Education Completed: _____ Year Completed: _____

Are you currently receiving Employment Insurance (EI) benefits? ☐ Yes ☐ No ☐ Unknown ☐ Not Declared

Are you currently receiving (EIA) or Band income assistance benefits? ☐ Yes ☐ No ☐ Unknown ☐ Not Declared

Income assistance source: ☐ Band ☐ Provincial ☐ Other ☐ Not Declared

Income assistance status: ☐ Active ☐ Non-active ☐ Not Declared

Demographic Information

Indigenous Status: ☐ Not Declared ☐ Inuit ☐ Métis ☐ Non-status ☐ None ☐ Off Reserve Status ☐ On Reserve

Marital Status: ☐ Single ☐ Married or equivalent ☐ Not Declared

Dependents: ☐ Yes ☐ No ☐ Not Declared If yes, number of dependents: _____

Disability: ☐ Yes ☐ No ☐ Not Declared

Visible Minority: ☐ Yes ☐ No ☐ Not Declared

Immigrant/Refugee: ☐ Yes ☐ No ☐ Not Declared If yes, year of landing: _____

Barriers to Finding Employment (Self-Identify, check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Mental Health (depression, anxiety, etc.) | <input type="checkbox"/> English as an additional language |
| <input type="checkbox"/> Single parent | <input type="checkbox"/> Lack of driver's license/transportation |
| <input type="checkbox"/> Difficulty finding childcare | <input type="checkbox"/> Lack of education/training |
| <input type="checkbox"/> Addiction Issues (drugs, alcohol, gambling, etc) | <input type="checkbox"/> Housing issues/homelessness |
| <input type="checkbox"/> Criminal record | <input type="checkbox"/> Lack of computer/job search skills |

Privacy Notice and Consent

PLLC along with TES, part of Manitoba's Department of Business, Mining, Trade, and Job Creation, collaborates with employers, service providers, educational institutions, and government agencies to deliver training and employment services to eligible participants. TES collects personal information to:

- Verify eligibility for services.
- Assess training and employment needs.
- Monitor participation and progress.
- Administer, advertise, and direct participants.
- Support research, reporting, and accountability.

Legal Authority and Protection

TES collects personal information under the authority of Manitoba's Freedom of Information and Protection of Privacy Act (FIPPA) and personal health information under The Personal Health Information Act (PHIA). Information is collected, used, and disclosed only as necessary and protected under these laws.

Contact Information

For questions about information collection, contact TES at (204) 945-0575 or 1-866-332-5077.

Consent for Collection, Use, and Disclosure

By providing personal and health information, participants consent to TES collecting, using, and disclosing it as needed for services. This includes:

- Personal details (e.g., name, address, SIN, employment plans).
- Progress in services, employment status, and follow-up outcomes.
- Information from relevant organizations, educational institutions, and government departments.

TES may share this information with service providers, consultants, and various government departments.

Duration of Consent

Consent is ongoing but can be withdrawn at any time in writing. Withdrawal is not retroactive and may result in loss of eligibility for TES services.

Client Signature _____ Date _____