EMPLOYMENT ASSISTANCE SERVICES INTAKE

Participant Information

Full Name: _____ Social Insurance Number: _____

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

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

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

City/Town: _____ Postal Code: _____

Telephone Number: _____ E-mail Address: _____

Employment Information

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

Wage/Salary/Commission: _____ Hours per week: _____

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

Education

Highest Level of Education Completed: _____ Year Completed: _____

Income Assistance

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

Demographic Information

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

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

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

Disability: ☐ Not Declared ☐ Yes ☐ No

Visible Minority: ☐ Not Declared ☐ Yes ☐ No

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

Barriers to Finding Employment

Check all that apply.

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

Referral Source

How did you hear about us?

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

Privacy Notice and Consent

Portage Learning and Litteracy Centre (PLLC) and *Training and Employment Services* (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: _____

Signature of Parent/Guardian (if client is under 18 years of age): _____