

**PARTICIPANT INFORMATION FORM**

**Protected when completed**

<b>Official Use Only:</b> CRF: <input type="checkbox"/> EI: <input type="checkbox"/>	File: ____/____/____/____/____/____/____/____/____/____	Shooniyaa Wa-Biitong undertakes follow-up surveys to determine whether program support proves beneficial. In order to conduct such surveys, information is required. Since private sector firms are often engaged to do these surveys, some or all of the information you provide may be passed to them for this purpose. Shooniyaa Wa-Biitong will try to alert you in advance when this is being done.
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<b>Social Insurance Number: MANDATORY →</b>	____/____/____/____/____/____/____/____/____/____	First Name: _____
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Last Name: _____	Middle Initial(s): _____	Telephone: _____
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Telephone (Messages): _____	Mailing Address: _____
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City/Town: _____	Province: _____	Postal Code: _____
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**The following provision of information is mandatory. Shooniyaa Wa-Biitong requires this information for statistical purposes only and to determine the effectiveness of employment and training programs. To assist us in this aspect, please answer the following questions:**

What is your date of birth? ____/____/____ d m y	What is your sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	Do you consider yourself to be a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married or Equivalent	Number of Dependents: _____
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Please check the box that applies to you: <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Status <input type="checkbox"/> Registered (Status) Indian If status, please state the First Nation you belong to: _____	Do you reside on a First Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language(s) Spoken? <input type="checkbox"/> English only <input type="checkbox"/> French only <input type="checkbox"/> English & French <input type="checkbox"/> Aboriginal language(s) <input type="checkbox"/> Aboriginal language(s) & English <input type="checkbox"/> Aboriginal language(s) & French <input type="checkbox"/> None of the above
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**The following relates to your level of education, employment status and source of income:**

What is the highest level of education you have completed? →	What was your last year of school? →	In what province did you attend your last day of school? →	
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Employment Status →	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Student
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Type of Income Benefit →	<input type="checkbox"/> No Income Benefit <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Employment Salary <input type="checkbox"/> Social Assistance <input type="checkbox"/> Canada Pension Plan <input type="checkbox"/> Canada Pension Plan Disability <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Private Insurance <input type="checkbox"/> Settlement Support <input type="checkbox"/> Other
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**Under the Privacy Act, the personal information collected on this form may be accessed by the participant.**

Participant's Signature: _____	Date: _____
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