



Building skills for Canada's bio-economy
Un monde de ressources pour la bioéconomie canadienne

CAREER FOCUS PROGRAM - PARTICIPANT INFORMATION

The information collected in this form will be used to determine your eligibility for the Career Focus Program and for subsequent evaluation and accountability purposes. Human Resources and Skills Development Canada (HRSDC) is responsible for the evaluation of Youth Employment Strategy (YES) programs including the Career Focus Program by using follow-up surveys in order to ascertain how beneficial the program is to participants. Your help in providing accurate information is essential for HRSDC to evaluate the Program to ensure that the Program meets your needs. Information requested below is also used in the administration of the *Employment Insurance Act*. If you are selected for the Career Focus Program and successfully secure a placement, BioTalent Canada will verify the information provided in this form with HRSDC before the start of your placement.

Information on this form is collected for statistical and research purposes, and is protected under the provisions of the *Privacy Act* and the *Access to Information Act*. Individuals have the right to protection of and access to their personal information. Instructions on obtaining personal information are provided at <http://infosource.gc.ca> or Info Source at Canada Human Resources Centres.

PART A. PROJECT INFORMATION – TO BE COMPLETED BY BIOTALENT CANADA

1	FILE NUMBER 8408783	2	NAME OF RECIPIENT SPONSOR BIOTALENT CANADA	3	PARTICIPANT'S FILE NUMBER CFP2009-2012-0 -
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PARTICIPANT'S ELIGIBILITY

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 are:

- Between 15 and 30 years of age (inclusive)
- Out of school
- A post-secondary graduate
- A Canadian citizen, permanent resident, or person who has been granted refugee status in Canada
- Legally entitled to work according to relevant provincial legislation and regulations
- Not in receipt of Employment Insurance (EI) benefits

PART B. PARTICIPANT INFORMATION – TO BE COMPLETED BY THE PARTICIPANT - PLEASE PRINT CLEARLY

4	SURNAME	5	GIVEN NAME AND INITIAL	6	SOCIAL INSURANCE NUMBER (SIN) - - - - - COMPLETED BY BIOTALENT CANADA
7	PERMANENT ADDRESS			8	DATE OF BIRTH (DOB) (YYYY-MM-DD) IF SUBMITTING FORM ELECTRONICALLY, PLEASE OMIT YOUR DOB
9	CITY	10	PROVINCE/TERRITORY	11	POSTAL CODE _ _ _ _ _
12	TELEPHONE NUMBER	13	EMAIL ADDRESS		
14	LANGUAGE PREFERENCE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	15	LANGUAGE(S) SPOKEN <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	16	LANGUAGE(S) WRITTEN <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH
17	ARE YOU RECEIVING OR HAVE YOU RECEIVED EMPLOYMENT INSURANCE (EI) BENEFITS <input type="checkbox"/> NO <input type="checkbox"/> PRESENTLY <input type="checkbox"/> NOT PRESENTLY IF "NOT PRESENTLY" THEN: <input type="checkbox"/> IN THE LAST 3 YEARS <input type="checkbox"/> IN THE LAST 5 YEARS				
18	EMPLOYMENT STATUS <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT IF EMPLOYED, ORGANIZATION: _____ POSITION: _____ HOURS/WEEK: _____		19 HIGHEST LEVEL OF POST-SECONDARY EDUCATION COMPLETED PLEASE SELECT ALL THAT APPLY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> INSTITUTE OF TECHNOLOGY <input type="checkbox"/> POST-SECONDARY INSTITUTE <input type="checkbox"/> CEGEP <input type="checkbox"/> UNIVERSITY		
20	NAME OF POST-SECONDARY INSTITUTION			21	PROVINCE/TERRITORY/COUNTRY EDUCATION COMPLETED IN:
22	DEGREE OR DIPLOMA RECEIVED			23	DATE DIPLOMA RECEIVED (YYYY-MM-DD)
24	RESIDENCY STATUS <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> REFUGEE UNDER THE IMMIGRATION AND REFUGEE PROTECTION ACT <input type="checkbox"/> OTHER: IF OTHER, PLEASE CLARIFY LEGAL ENTITLEMENT TO WORK IN CANADA:				

NAME OF PARTICIPANT (completed by participant)	FILE NUMBER (completed by BioTalent Canada) CFP2009-2012-0 -
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THE FEDERAL GOVERNMENT IS COMMITTED TO EQUITY IN EMPLOYMENT. YOU ARE ENCOURAGED TO COMPLETE THE FOLLOWING VOLUNTARY QUESTIONS (25-28) AND INDICATE IF YOU ARE A MEMBER OF ANY OF THESE GROUPS.

25	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	26	ABORIGINAL GROUP <input type="checkbox"/> N/A <input type="checkbox"/> REGISTERED ON-RESERVE <input type="checkbox"/> REGISTERED NOT-ON-RESERVE <input type="checkbox"/> NON STATUS <input type="checkbox"/> MÉTIS <input type="checkbox"/> INUIT
27	MEMBER OF A VISIBLE MINORITY <input type="checkbox"/> YES <input type="checkbox"/> NO	28	PERSON WITH DISABILITIES <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, PLEASE STATE NATURE OF DISABILITY)

CAREER FOCUS PROGRAM TERMS AND CONDITIONS – TO BE COMPLETED BY THE PARTICIPANT

PARTICIPANT CONSENT TO RELEASE INFORMATION TO HRSDC

I give my consent for BioTalent Canada to release the information contained in this form regarding my participation in the Career Focus Program to Human Resources and Skills Development Canada. I acknowledge that the information collected here is collected and administered in accordance with the *Privacy Act* and applicable privacy laws, and that it may be used by Third Party Service providers for HRSDC accountability purposes.

**Participant
Initials**

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 have 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.

**Participant
Initials**

PARTICIPANT CONSENT TO RELEASE INFORMATION TO POTENTIAL EMPLOYERS

If I have not already been matched with an employer, I give my consent for BioTalent Canada to release the information contained in my résumé to qualified BioTalent Canada PetriDish™ and Career Focus Program Employer(s) who is/are recruiting or potentially recruiting under BioTalent Canada's 2009-2012 Career Focus Program. I acknowledge that the information is collected and administered in accordance with the *Privacy Act* and applicable privacy laws. BioTalent Canada's Privacy Policy can be found at www.biotalent.ca/privacy.

**Participant
Initials**

By affixing my signature below, I _____ (**participant name**), acknowledge that I have read and agree to these Terms and Conditions of my application to the Career Focus Program as outlined above in this application.

(Participant Signature)

(Date)

REQUIRED DOCUMENTS FOR ASSESSMENT:

- Completed application form
- Updated résumé

Note:

- *When a position is found, you will be required to develop a learning plan with the employer before the start of the placement.*
- *Participants are responsible for completing an assessment at the mid-point and the end of the participant period.*

PART C. TO BE COMPLETED BY BIOTALENT CANADA AFTER PARTICIPANT TERMINATION

Intervention	Participant did not complete intervention	Participant completed the intervention
Start Date: ___/___/___ DD/MM/YYYY	Date of early termination: ___/___/___ DD/MM/YYYY	Date of completion: ___/___/___ DD/MM/YYYY
	Reason: Did not follow through <input type="checkbox"/> Found a job/started a business <input type="checkbox"/> Moved <input type="checkbox"/> No Longer active in labour force <input type="checkbox"/> Returned to School <input type="checkbox"/>	Participant is Now: Searching for employment <input type="checkbox"/> Making career decisions <input type="checkbox"/> Skills enhancement <input type="checkbox"/> Found a job <input type="checkbox"/> Returned to school <input type="checkbox"/> Not employed <input type="checkbox"/>
Project Coordinator's Name	Project Coordinator's Signature	Date: ___/___/___ (DD/MM/YYYY)

If you do not have a SIN number, you **MUST** obtain one before the end of the intervention. Application must be made prior to start of activities. For more information on obtaining a SIN number, please see: <http://www.servicecanada.gc.ca/eng/sc/sin/index.shtml>

THE COMPLETED APPLICATION PACKAGE SHOULD BE SENT VIA ONE OF THE FOLLOWING FORMATS: EMAIL*, FAX*, MAIL OR COURIER TO:

The Career Focus Program BioTalent Canada 85 Albert Street, Suite 1100 Ottawa, ON K1P 6A4	careerfocus@biotalent.ca * Fax: (613) 233-7541* *If submitting by fax or email, please <u>omit your Date of Birth</u> , and call 1-866-243-2472 and inform the Career Focus Program verbally.
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