



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

Student Work Placement Program Participant Information Form (Form 1 of 4)

PARTICIPANT INFORMATION FORM INSTRUCTIONS FOR CONTRIBUTION RECIPIENTS

This Participant Information Form (also referred to as the PIF) is used to collect information to determine a participant's eligibility for the Student Work Placement Program and to record the results of a participant's involvement in the program's activity.

STUDENT ELIGIBILITY CRITERIA

The Student Must

- Be a current full-time or part-time student registered in a post-secondary program in Canada
- Be a Canadian citizen, permanent resident, or person who has been granted refugee status in Canada
- Be legally entitled to work according to the relevant provincial legislation and regulations
- Consent to release co-op employment information to BioTalent Canada and the Government of Canada periodically during the placement and after the end of the placement

Co-op Eligibility

- The co-op opportunity is with a bio-economy employer and/or
- The co-op opportunity is fulfilling a bio-economy job function
- The balance of the co-op salary is not being funded by another federal government program
- The co-op placement must be full-time up to a maximum of 16 weeks

Participant Information

This section is to be completed by the participant. A copy of the signed consent must be maintained in the contribution recipient's files and may be verified when the project is monitored.

It is mandatory to provide the participant's contact and personal information as identified at the beginning of this section. The 'Residency Status' sections, are used to verify the participant's eligibility for the Student Work Placement Program.

For 'Intervention Language', the participant's official language of choice must be specified. Responding to the questions on Gender, Person with Disabilities, Indigenous Group, and New Immigrant is mandatory, and is requested for program evaluation purposes.

'Type of Disability' is not a mandatory box and is to be filled out on a voluntary basis as participants do not need to disclose their disability to participate in the program.

'Member of a Visible Minority' is not a mandatory box and is to be filled out on a voluntary basis.

'Indigenous Group' is a mandatory box and is requested for program evaluation purposes.

New Immigrant: is a person who has moved from their country of origin (their homeland) to another country to become a citizen of that country and has been in that country for less than 5 years.

Refugee: A person who has been forced to leave their country to escape war, persecution, or natural disaster.

To ensure the appropriate funding is applied to your application, such as being from an under-represented group, BioTalent Canada strongly recommends the above form is completed as accurately as possible. Under-represented groups include students that identify themselves as any, or a combination of the following:

- Female in STEM
- Indigenous person
- Person with a disability
- Newcomers to Canada that have been in the country five years or less
- First-year students at an academic institution

The information you provide on this form is collected for the purposes of determining your eligibility to participate in the Student Work Placement Program. Participation in this program is voluntary. Refusal to provide information will result in you not being eligible to participate. The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. However, these additional uses and/or disclosures of your personal information will not result in an administrative decision being made about you.

Project Number: _____	Student Participant Number (to be completed by BioTalent Canada): _____
Co-op Start Date (YYYY-MM-DD): _____	Co-op End Date (YYYY-MM-DD): _____

ELIGIBILITY INFORMATION *Please check all that apply*

Do you meet the student eligibility criteria outlined on page 2?	Yes	No
Are you a full-time student registered with a Canadian post-secondary institution?		
Are you a part-time student registered with a Canadian post-secondary institution?		
Are you a Science, Technology, Engineering, Math (STEM) student?		
Are you a Business student?		
Are you from any other program?		
Are you a first-year student?		
RESIDENCY STATUS		
Canadian Citizen Permanent Resident		
Refugee under the Immigration and Refugee Protection Act (see definition on page 3)		

PARTICIPANT INFORMATION

SURNAME (as appears on SIN card)		GIVEN NAME AND INITIALS (as appears on SIN card)	
_____		_____	
PERMANENT ADDRESS	CITY	PROVINCE	POSTAL CODE
_____	_____	_____	_____
TELEPHONE NUMBER	EMAIL ADDRESS		DATE OF BIRTH (YYYY-MM-DD)
_____	_____		_____
BILINGUAL IN CANADA'S OFFICIAL LANGUAGES:	FIRST LANGUAGE:		LANGUAGE PREFERENCE
Yes No	English French Other: _____		English French

INFORMATION ON EMPLOYMENT EQUITY

GENDER	MEMBER OF A VISIBLE MINORITY	NEW IMMIGRANT (see definition on page 3)
Male Female	Yes No	Yes No Decline to Answer
Decline to Answer	Decline to Answer	If yes, year of arrival (YYYY-MM-DD): _____
PERSON WITH DISABILITIES		MEMBER OF INDIGENOUS GROUP
Yes No Decline to Answer		Yes No Decline to Answer
If yes, please select all those that apply:		If yes, please select all those that apply:
Agility Hearing Mental Health Visual		Registered On-reserve Registered Off-reserve
Speaking Intellectual Developmental Learning		Non-status Métis Inuit
Motor Skills		
Other: _____		

EDUCATION

IN WHICH TERM IS YOUR CO-OP STARTING?				IN WHICH YEAR IS YOUR CO-OP STARTING?	
Summer Fall Winter Spring				Year: _____	
TYPE OF POST-SECONDARY INSTITUTION:					
University College Polytechnic Other: _____					
NAME OF POST-SECONDARY INSTITUTION:		PROVINCE OF POST SECONDARY INSTITUTION:		FIELD OF STUDY:	
_____		_____		_____	
WHAT IS THE YEAR OF STUDY AT THE TIME OF YOUR CO-OP PLACEMENT:			TYPE OF DEGREE TO BE RECEIVED:		
First Year Second Year Third Year Fourth Year			Certificate Diploma/DEC Bachelor Master		
Other: _____			PhD/Post-doc		

THIS CO-OP PLACEMENT (select all that apply):

- ☐ Aligns with my current post-secondary studies
- ☐ Offers me adequate exposure to real-life work experience
- ☐ Will help me develop an entrepreneurial mindset, foundational and/or work ready skills by (please specify):

PARTICIPANT CONSENT TO RELEASE INFORMATION	
I, _____ (Name of Participant) the undersigned, give my consent for BioTalent Canada to release the information contained in this form regarding my participation in the Student Work Placement Program to Employment and Social Development Canada (ESDC) and its third party providers for ESDC accountability purposes. I acknowledge that the information is collected and administered in accordance with the Department of Employment and Social Development Act, Privacy Act and applicable laws, and that it may be used to determine my eligibility for the Student Work Placement Program and provided to ESDC for the evaluation and accountability of the program.	
_____	_____
Participant's Signature	DATE (YYYY-MM-DD)
Signatures must be digitally time stamped or hand written. Typed signatures are NOT accepted.	

Additional required documents for assessment must be provided:

- ☐ Updated resumé
- ☐ Proof of post- secondary enrollment/transcript
- ☐ Student Work Placement Program Co-op Agreement Form
- ☐ Employer application with organization and job description

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 online or telephone survey at the end of the participant period.