



## STUDENT WORK PLACEMENT PROGRAM – PARTICIPANT INFORMATION FORM

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: Please check all that apply

Do you meet the student eligibility criteria outlined on page 2? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Are you a full-time student registered with a Canadian post-secondary institution? <input type="checkbox"/> Are you a part-time student registered with a Canadian post-secondary institution? <input type="checkbox"/> Are you a Science, Technology, Engineering, Math (STEM) student? <input type="checkbox"/> Are you a Business student? <input type="checkbox"/> Are you from any other program? <input type="checkbox"/> Are you a first-year student?			
Residency Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee under the Immigration and Refugee Protection Act (see definition on page 2)			

### PARTICIPANT INFORMATION

Surname (as appears on SIN card):		Given Name and Initials (as appears on SIN card):	
Permanent Address:	City:	Province:	Postal Code:
Email Address:	Telephone Number:		Date of Birth (YYYY-MM-DD):
Bilingual in Canada's Official Languages: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Language: <input type="checkbox"/> English <input type="checkbox"/> French Other: _____		Co-op Placement Language: <input type="checkbox"/> English <input type="checkbox"/> French

### INFORMATION ON EMPLOYMENT EQUITY

<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to answer	<b>Member of a Visible Minority</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer	<b>New Immigrant</b> (see definition on page 2): <input type="checkbox"/> Yes Year of Arrival: _____ <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer
<b>Person with Disabilities</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	<b>Type of Disability</b> (select all that apply) <input type="checkbox"/> Agility <input type="checkbox"/> Development <input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Mental Health <input type="checkbox"/> Visual <input type="checkbox"/> Motor Skills <input type="checkbox"/> Speaking <input type="checkbox"/> Intellectual Other: _____	<b>Indigenous Group</b> <input type="checkbox"/> Registered On-reserve <input type="checkbox"/> Registered Off-reserve <input type="checkbox"/> Non-status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> N/A <input type="checkbox"/> Decline to Answer

**EDUCATION**

<b>In which term is your co-op starting?</b> <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring		<b>In which year is your co-op starting?</b> Year: _____	
<b>Type of Post-Secondary Institution:</b> <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Polytechnic Other: _____			
<b>Name of Post-secondary Institution:</b>		<b>Province of Post Secondary Institution:</b>	<b>Field of Study:</b>
<b>What is the year of study at the time of your co-op placement?</b> <input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year <input type="checkbox"/> Fourth Year Other: _____		<b>Type of Degree to be Received:</b> <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma/DEC <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD/Post-doc	
<b>This Co-op Placement</b> (select all that apply): <input type="checkbox"/> Aligns with my current post-secondary studies <input type="checkbox"/> Offers me adequate exposure to real-life work experience <input type="checkbox"/> 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). 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) _____

**Additional required documents for assessment have been provided:**

- ☐ Updated resumé
- ☐ Proof of post- secondary enrollment/transcript
- ☐ Student Work Placement Program Co-op Agreement Form

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.

## **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 a minimum of 16 weeks, 5 days a week, 7.5 hours a day

#### **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