

## Participant Information Template (PIT)

### PART A INTERVENTIONS PROVIDED TO THE PARTICIPANT

Name of Contribution Recipient:

Project Number:

**Intervention Titles:**

<input type="checkbox"/> Quality Employment Opportunity	<input type="checkbox"/> Mentorship or Coaching
<input type="checkbox"/> Employment Services	<input type="checkbox"/> Case Management or Client Assessment
<input type="checkbox"/> Accredited Skills Training	<input type="checkbox"/> Other supports to enable youth to participate in a work or training opportunity *see definition page 3
<input type="checkbox"/> Employment Skills Training	Interventions start date (yyyy-mm-dd) _____
<input type="checkbox"/> Entrepreneurship Skills Training	

### PART B - PARTICIPANT PERSONAL INFORMATION

First Name (as it appears on SIN card)	Last Name (as it appears on SIN card)	Social Insurance Number
Date of Birth (yyyy-mm-dd)	Postal Code:	

**Language Preference**

English
  French

**PERSONAL INFORMATION ON EMPLOYMENT EQUITY**

**Gender**

Male
  Female
  Other

**Member of a Visible Minority**

Yes
  No

**Person with Disability**

Yes
  No

**Indigenous Group**

Registered on-reserve
  Registered off-reserve
  Non Status
  Metis
  Inuit
  N/A

**New Immigrant** (Definition: *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.*)

Yes
  No

**Level of Education (Please check the box that best describes your current situation)**

<input type="checkbox"/> Elementary incomplete	<input type="checkbox"/> Elementary complete	Year completed (yyyy) : _____
<input type="checkbox"/> Secondary incomplete	<input type="checkbox"/> Secondary complete	Year completed (yyyy) : _____
<input type="checkbox"/> Post-secondary incomplete (College, CEGEP, etc...)	<input type="checkbox"/> Post-secondary complete (College, CEGEP etc)	Year completed (yyyy) : _____
<input type="checkbox"/> University incomplete	<input type="checkbox"/> University complete	Year completed (yyyy) : _____

Are you in receipt of, or have you made an application to: EI and/or CERB/CRB  Yes  No

**Signature:**

**Date:**

**PART C - TO BE COMPLETED BY THE CONTRIBUTION RECIPIENT AFTER THE INTERVENTION**

**INITIAL RESULT UPON COMPLETION**

**Participant Completed Intervention/Placement**

Date of Completion (yyyy-mm-dd) : \_\_\_\_\_

**Participant is now**

- Employed in quality employment
- Self-employed in quality employment
- Returned to school
- Returned to training
- Not employed
- Not returned to school
- Not returned to training
- Cannot be reached
- None of the above

**Participant Did Not Complete Intervention/Placement**

Date of Early Termination (yyyy-mm-dd) : \_\_\_\_\_

**Reason**

- Employed in quality employment
- Self-employed in quality employment
- Returned to school
- Returned to training
- Not employed
- Not returned to school
- Not returned to training
- Cannot be reached
- None of the above

12 week follow-up for "not employed", "not returned to school", "not returned to training" and "cannot be reached" results

**Result**

- Employed in quality employment
- Self-employed in quality employment
- Returned to school
- Returned to training
- Cannot be reached
- None of the above

**For Quality Employment Opportunities / Entrepreneurship Skills Training:**

National Occupational Classification

North American Industry Classification System

Small or Medium Enterprise (between 1 - 499 employees)

Yes  No

Type of Employer

Private  Public  Not-for-Profit  Other:

Participant received supports to enable them to participate in quality employment opportunity / entrepreneurship skills training

YES  NO