Ministry of Labour, Training and Skills Development

Ministère du Travail, de la Formation et du Développement des compétences

Skills Development Fund (SDF) Participant Registration

Fields marked with an asterisk (\*) are mandatory. Staff is available to help you complete this form.

**Participant Details**

Date of Registration

Skills Development Fund Consortia

Skills Development Fund Sole

**Service Provider Use Only**

Please select one of the options below to populate the applicable Notice of Collection and Consent in the body of the form:

Last Name\* First Name\* Middle Initial

Preferred Name Date of Birth\*

I identify as:\*

 Man Woman Transgender

 Gender non-binary

 Two-spirit

 Another gender identity (Specify)

Prefer not to say Do not know

Status in Canada\*  Canadian Citizen Permanent Resident Naturalized Canadian Citizen

Protected Persons Prefer not to say

Other

Preferred Language\* English  French

Preferred Communication

 Phone Email Hard Copy

Marital Status\* Married Common Law Separated

Divorced

Widowed

Single

Prefer not to say

# Participant Address and Contact Information

**Primary Mailing Address**

Unit Number Street Number\* Street Name\* PO Box

City/Town\* Province\* Postal Code\*

# Alternate Mailing Address

Unit Number Street Number\* Street Name\* PO Box

City/Town\* Province\* Postal Code\*

**Primary Phone Number**\* Home  Mobile Other

Telephone Number

**Alternate Phone Number**

Home  Mobile  Other Telephone Number

Email

**Profile Information**

# Labour force attachment

 Employed Self-Employed

 Employed, but currently on a leave Unemployed

 Not employed and looking for work Not employed with an employment offer Not employed and not looking for work Not employed and unable to work

 Attending a school (elementary, high school or equivalent) Attending a university

 Attending a college

 Registered in an apprenticeship program

 In other training or skills development program Not sure

 Prefer not to say

**Source of Income **Employment Insurance (EI) Ontario Works (OW)

Ontario Disability Support Program (ODSP) Crown Ward Extended Care and Maintenance Dependent of OW/ODSP

No income

Employed with employer Self-Employed

Non-EI (other)

Other (Specify)

Please complete if you wish to self-identify as a member of a designated group(s). Your response to this question is entirely voluntary and will not affect your eligibility. This information will be used by the Governments of Ontario and Canada for policy analysis and statistical purposes related to employment programs and services. (You may select more than one option):

 Newcomer

 Racialized Person

 Francophone

 Person with Disability

 First Nations  Métis

 Veteran  Inuit  Prefer not to say

**Education**

# Indicate your Highest Level of Education/Qualification:

 Grade 0 - 8

 Grade 9

 Grade 10

 Grade 11

 Grade 12 (or equivalent)

 OAC

 Certificate of Apprenticeship  Journeyperson

 Certificate/Diploma

 Bachelor’s Degree  Post Graduate

 Other

# Employment

List your work experience, including volunteer work. Start with the most recent job/volunteer activity.

# Work Experience 1

Employment Type: Paid Self-Employed Unpaid Volunteer Name of Employer

Job Title/Duties

Employment Start Date Employment End Date Country of Employment

Preferred method of reporting wage:

 Hourly  Weekly  Bi-Weekly Monthly  Yearly

Wage Amount ($)**\***

Hourly wage (including tips and commissions) ($)\*

Average Paid Hours per Week (excluding overtime)\*

Reason for Leaving

**Service Provider Use Only** NOC\*

NAICS\*

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| --- | --- | --- | --- | --- | --- |
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Add

Remove Last

**Signatures**

I/we acknowledge that my Service Provider has explained its use and disclosure of my personal information for its purpose.

|  |  |
| --- | --- |
| Participant's Name\* | Date\* |
| Parent's/Guardian's Name | Date |

I/we give consent to the Ministry to indirectly collect, use and disclose my personal information for the purposes set out above.

|  |  |
| --- | --- |
| Participant's Name\* | Date\* |
| Parent's/Guardian's Name | Date |

Print

Clear

Save