

EMPLOYMENT SERVICES AND SUPPORT PROGRAM PARTICIPANT INTAKE WORKSHEET

Participant Name:					
	First Name	2	Middle Name	Last name	
Date of Birth:Yea		Month	_/ Day		
SIN NUMBER:			in your SIN. Call offi	ce or provide in-person when	meeting WITT staff
Government Issued Id	entification:				
BC Driver's License	2				
BCID					
Birth Certificate					
Other (please spec	cify)				
Personal Phone:			Able to receive tex	xts? Yes No	
Alternate phone:					
Email Address:					
Residential Address:					
	Road Addr	ess			
	City/Town			Postal Code	_
1. Gender:					
Male	Female	Other	Prefer not to sa	ау	
2. Marital Status					
Single	Married	l or Equivalent	Prefer not to s	say	
3. Do you have d	lependents?				
Yes	No	Prefer not to s	ay		
If you answere	ed yes, how m		s do you have?		
		Canadä	BRITISH COLUMBIA	ita	
			Government of Canada through Workforce Development Agreement.		

4.	Did you immi	igrate to	Canada?				
	Yes	No					
	If yes, what y	ear did	you immigra	ate to Canada?			
5.	What is your Citizenship status?						
	Canadia	n Citizer	n Per	manent Resident	Protected Person		
6.	Do you identi	ify as a v	visible mino	rity?			
	The Employment Equity Act defines visible minorities as a "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-						
	white in colour". The visible minority population consists mainly of the following groups: Chinese, South Asian, Black, Arab, West Asian,						
	Filipino, Southeast Asian, Latin American, Japanese and Korean.						
	Yes	No	Prefer no	t to answer			
7.	Are you a Person with a Disability?						
	Yes	No	Prefer no	t to answer			
	7a. Do you re	7a. Do you require any accommodation?					
	Yes	No					
	If Yes, explain	າ:					
	Yes	No	Prefe	er not to answer	nistry of Children and Family Development?		
9.	Do you self-identify as an Indigenous Person (First Nations, Metis or Inuk)?						
	Yes	No	Prefer no	t to answer			
	*If yes, answer 9a &9b						
	9a. If you identify as an Indigenous Person, are you:						
	First Nat	ions	Metis	Inuk			
	9b. Do you live on reserve?						
	Yes	No					
10.	What is your	highest	level of edu	cation achieved?			
	Less than high school						
	High School Diploma or GED						
	Some Post-Secondary						
	College or other Non-University Certificate, diploma or degree University certificate or diploma						
	University degree						
	Other						
	Prefer n	ot to re	port				



	English	French	Not a Federal official language
12.	. What best des	scribes your emp	loyment status?
	Employe	d – a person havi	ng a job or business
	Un-Empl	oyed	
	Self-Emp	loyed	
	In schoo	or training	
	Not in th	e labour force – ເ	unwilling or unable to work
If y	ou answered 'L	Employed' or 'Sel	f Employed', please complete questions 13 through 16. Otherwise continu
qu	estion 17.		
13.	. If "Employed"	or "Self-Employe	ed" how many hours do you work on average each week?
14.	. What is your a	average hourly w	age? \$
15.	. What is your e	employment type	e?
	Seasonal	Employment	
	Tempora	ry Employment	
	Casual E	mployment	
	Permane	ent Employment	
	None of	the above	
16.	. In which indus	stry does the par	ticipant work? Please describe the industry sector:
	Job Title:		
		o a Contor Coo	J. Salas associata Cashiar Landscaper Constal labourer
		e.g. Server, Coo	k, Sales associate, Cashier, Landscaper, General labourer
	Employer Nam	ne:	
	Sector Type:		ring hoolthoore rotail trades hospitality agriculture
17	A wa	-	ring, healthcare, retail, trades, hospitality, agriculture
1/.	Yes	No	ployment Insurance benefits?
10			manantias?
18.	-	ve you been an A	pprenticer
	Yes	No	and with the land come. Training Authority (ITA)?
	-		ered with the Industry Training Authority (ITA)?
10	Yes	No	
19.	-	tified Trades Pers	son?
	Yes	IVO	

to

11. What is your Federal official language of choice



20. How many people live in your nousehold (yourself, spouse and dependents only)?						
20b. What is your total annual household income for the previous tax year?						
(base household income on previous year)						
21. Are you currently receiving Income Assistance?						
Yes No						
certify that the above information is accurate to the best of my knowledge. PRINT NAME						
y signing below, I give Okanagan College my consent to report this information to the Industry Training Authority and						
unding provider(s).						
signature Date						

