Canada/British Columbia Labour Market Agreement
Participant Exit Form

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS ON THE FORM.
IF YOU HAVE ANY QUESTIONS ABOUT THE FORM PLEASE ASK PROGRAM STAFF.
THANK YOU.

Name of Program: ________________________________
Organization: ________________________________

Your Name: ______________________________________
First Name    Middle Initial    Last Name

Date of Birth: _____/_____/____
   Day / Month / Year

Mailing Address: ______________________________________
   Street     Address
   ______________________________________
   City / Town     Postal Code

Email Address: ______________________________________

Phone Numbers:   Home (____) _________    Alternate (____) _________

Community you live in (if different than your mailing address): ____________

1. What is your last day with the program: _____/_____/____
   Day / Month / Year

2. Are you satisfied with the program that you participated in?
   □ Yes
   □ No
   Comments:

3. Did you leave the program early (i.e. before completion)?
   □ Yes
   □ No

4. Did your participation result in any training certificates (trade ticket, diploma, etc)?
   □ Yes (please specify) ______________________________
   □ No
5. Now that you are leaving the program, what are your plans? (Please check one)
   □ Return to/continue prior employment
   □ Have recently found new employment
   □ Seeking employment
   □ Attending training, school, or another program
   □ Other (please specify): _____________________

6. If you are working, starting new work, or seeking work, will you be self-employed?
   □ Yes
   □ No

7. If you are working or starting new work, how many hours per week do you expect to work?
   _______ hours

8. What will your gross earnings be per hour at your new job (before taxes and deductions are taken)? This includes any tips and commissions.
   $_______ per hour

My signature below means:
- I have answered all questions on this form and certify that all information I have provided is complete and accurate
- I understand the Province of British Columbia receives funding for this program from the federal government as a result of the Canada/BC Labour Market Agreement.
- I understand that information I have provided on this form or that has been collected about me during my participation in this program will be forwarded to the Ministry of Jobs, Tourism and Skills Training who is the provincial oversight for British Columbia's allocation of the Canada/BC Labour Market Agreement.
- I understand the Ministry of Jobs, Tourism and Skills Training is responsible for fulfilling reporting obligations associated with the Canada/BC Labour Market Agreement; however, no personally identifiable information about me will be exchanged with the federal government to fulfill this requirement.
- I consent to being contacted by the Ministry of Jobs, Tourism and Skills Training (or its agent) at intervals and up to 12 months after completion of my participation in this program for the purpose of program evaluation.

Collection and Use of Information. All information is collected pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act. The information provided will be used for administrative and evaluation purposes of this program. If you have any questions about the use of this information, contact the Labour Market Programs Branch, Ministry of Jobs, Tourism and Skills Training, (250) 387-9614.

Effective as of the date below, I consent to the direct collection by the above named Organization and the indirect collection by the Province of British Columbia of the personal information provided by me in this form for administrative and program evaluation purposes.

Signature: __________________________ Date: __________________________

Print Name: __________________________