

## **PRIVACY NOTICE AND CONSENT FORM**

Training and Employment Services (TES), within Government of Manitoba's Department of Business, Mining, Trade and Job Creation, works with employers, service providers, educational institutions, municipal, provincial and federal government departments, and agencies to provide a broad range of training and employment services to eligible participants ("services").

### **PRIVACY NOTICE**

#### **SECTION 1: WHY TES NEEDS TO COLLECT AND USE YOUR INFORMATION ("PURPOSES")**

TES needs to collect and use your personal information and personal health information, if applicable, for the following purposes:

- to determine and verify if you are eligible to participate in TES services,
- to assess your training and employment needs,
- to monitor and record your enrolment, participation and progress in TES services,
- to administer and advertise TES services,
- to identify and direct you to appropriate TES services, and
- for research and planning, reporting, monitoring, evaluation and accountability purposes.

#### **SECTION 2: OUR LEGAL AUTHORITY TO COLLECT YOUR INFORMATION**

Your personal information and personal health information, if applicable, is necessary to provide you with TES services, and to carry out the activities of TES. Your personal information is collected under the authority of clause 36(1)(b) of The Freedom of Information and Protection of Privacy Act of Manitoba (FIPPA) and your personal health information, if applicable, is collected under the authority of subsection 13(1) of The Personal Health Information Act of Manitoba (PHIA). TES limits the personal information and personal health information it collects about you to the minimum amount necessary for the purposes described in section 1.

Your personal information is protected by FIPPA and your personal health information is protected by PHIA. TES cannot use or disclose your information for other purposes unless you consent or we are authorized to do so by FIPPA or PHIA.

#### **SECTION 3: WHOM DO I CONTACT IF I HAVE QUESTIONS?**

If you have any questions about the collection, use or disclosure of your personal information and personal health information, if applicable, please contact TES at (204) 945-0575 or toll free at 1-866-332-5077.

## **CONSENTS**

**In entering your personal information and personal health information, if applicable, into TES's case management system, or authorizing TES, a service provider working for TES, or another person to do so for you, you are consenting to TES's collection, use and disclosure of your personal information and personal health information, if applicable, as outlined in this document.**

### **SECTION 4: INFORMATION I AGREE TO PROVIDE TO TES**

I agree to provide TES with the following personal information and personal health information, if applicable, about me. I understand that this information is necessary for me to participate in TES services and to carry out the purposes described above in section 1:

- social insurance number,
- full name, telephone number, address, e-mail address,
- birth date, gender identity,
- education, job skills, experience and credentials,
- health conditions or disabilities that might affect my training or employment,
- details about my progress in TES services,
- training or employment testing and reports,
- employment status: employed/self employed/not employed,
- employment plans, work experience, availability,
- Indigenous person,
- person with disabilities,
- member of a visible minority,
- immigrant/refugee,
- marital status, dependents
- follow-up information after completion of TES services, including satisfaction with services received, employment status, whether TES services prepared me for future employment, credentials or certifications achieved through TES services, and my earnings.

I agree to provide TES with any changes to my personal information and personal health information in a timely manner.

### **SECTION 5: CONSENT TOTES OBTAINING INFORMATION ABOUT ME FROM OTHER SOURCES**

I consent to TES collecting the following personal information and personal health information, if applicable, about me for the purposes described in section 1 from the persons and bodies listed below and consent to TES providing such information about me as may be necessary to obtain the information TES requires, and I consent to the persons and bodies disclosing the information to TES:

- social insurance number,
- full name, telephone number and address,
- e-mail address,
- birth date,
- gender identity,

- details about my progress in TES services,
- employment testing and reports,
- medical reports related to employment,
- EI eligibility status,
- EI client status,
- EI claim information,
- language (English or French),
- provincial parental benefits,
- interventions,
- indigenous person,
- person with disabilities,
- member of a visible minority,

Persons or bodies:

- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services under contract with TES,
- my schools and educational and training institutions, and
- any Manitoba (MB) government department or agency, or federal government department or agency, that has provided or is providing me with services or assistance, including: Employment and Social Development Canada; Service Canada; MB Health, Seniors and Long-Term Care; MB Housing, Addictions and Homelessness; MB Advanced Education and Training; MB Education and Early Childhood Learning; MB Families; MB Justice; MB Municipal and Northern Relations; MB Indigenous Economic Development; and MB Crown Services

## **SECTION 6: CONSENT TO TES DISCLOSING MY INFORMATION**

I consent to TES disclosing my personal information and personal health information, if applicable, to the following persons and bodies to the extent they need to know the information to carry out the purposes listed above in section 1:

- Employment and Social Development Canada; Service Canada; MB Health, Seniors and Long-Term Care; MB Housing, Addictions and Homelessness; MB Advanced Education and Training; MB Education and Early Childhood Learning; MB Families; MB Justice; MB Municipal and Northern Relations; MB Indigenous Economic Development; and MB Crown Services,
- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services, assistance or support under contract with TES,
- service providers under contract with TES to assess your training and employment needs and record your enrolment in TES services, and
- consultants under contract with TES to conduct research and evaluation of TES services.

## **SECTION 7: HOW LONG DOES MY CONSENT LAST?**

I understand that the consents I have given will not be limited by time.

## **SECTION 8: CAN I WITHDRAW MY CONSENT?**

I understand that I may withdraw my consent at any time by contacting TES in writing. However, I also understand that a withdrawal is not retroactive, and if I withdraw my consent, I will no longer be eligible to receive TES services.

## CLIENT INTAKE FORM

Date (YYYY/MM/DD): \_\_\_\_\_

### Reason for contacting Training and Employment Services (TES):

- |  |   |
|--|---|
| <input type="checkbox"/> Career Planning | <input type="checkbox"/> Education & Training |
| <input type="checkbox"/> Job Search      | <input type="checkbox"/> Self-Employment      |
| <input type="checkbox"/> Apprenticeship  |   |

### Client Identification:

Social Insurance Number: \_\_\_\_\_

Have you reviewed the Privacy Notice and Consent Form?  Yes  No

Name: \_\_\_\_\_  
(Last name, first name, middle name, preferred name)

Date of Birth (YYYY/MM/DD): \_\_\_\_\_

Preferred Language:  English  French  Other

Gender Identity:  Female  Male  Another  Not Declared

### Contact Information:

If applicable:

Delivery Information (e.g. Box or R.R.): \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Municipality: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*Mailing Address (if different from above):

Delivery Information (e.g. Box or R.R.): \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Municipality: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

### Referral Source:

Who recommended that you contact TES?

- |  |  |
|--|--|
| <input type="checkbox"/> Apprenticeship Branch                                       | <input type="checkbox"/> Community Agency        |
| <input type="checkbox"/> Centre for Aboriginal Human<br>Resource Development (CAHRD) | <input type="checkbox"/> Community Mental Health |
| <input type="checkbox"/> Child and Family Services                                   | <input type="checkbox"/> Designated Agency       |
|  | <input type="checkbox"/> EAS Service Provider    |

- |  |   |
|--|---|
| <input type="checkbox"/> Employability Assistance for People with Disabilities | <input type="checkbox"/> Manitoba Possible                  |
| <input type="checkbox"/> Employer  | <input type="checkbox"/> Manitoba Start                     |
| <input type="checkbox"/> Employment Partnerships Service Provider              | <input type="checkbox"/> Medical/Doctor/Health Professional |
| <input type="checkbox"/> Family/friend   | <input type="checkbox"/> Mental Health Organization         |
| <input type="checkbox"/> First Nations Organization                            | <input type="checkbox"/> Métis Organization                 |
| <input type="checkbox"/> Government of Manitoba                                | <input type="checkbox"/> Newspaper Advertisement            |
| <input type="checkbox"/> Govt Asst Refugee/Labour & Immigration                | <input type="checkbox"/> Provincial Assistance              |
| <input type="checkbox"/> HRDC-Service Canada EI Insert                         | <input type="checkbox"/> School/Transitional Planning       |
| <input type="checkbox"/> HRSDC-Service Canada Walk-In                          | <input type="checkbox"/> Self                               |
| <input type="checkbox"/> Internet  | <input type="checkbox"/> Spinal Cord Injury Manitoba        |
| <input type="checkbox"/> Manitoba Justice                                      | <input type="checkbox"/> Training Institution               |
|  | <input type="checkbox"/> Training and Employment Services   |
|  | <input type="checkbox"/> Vision Loss Rehabilitation Canada  |

**Benefits Status at Intake:**

Are you currently receiving Employment Insurance (EI) Benefits?

- Yes     No     Unknown     Not Declared

Are you currently receiving Employment and Income Assistance (EIA) or band income assistance benefits?

- Yes     No     Unknown     Not Declared

If you are receiving EIA, please answer the following:

Assistance source:                       Band     Provincial     Other

Income Assistance status:             Active     Non-active     Not Declared

Employment and Income Assistance coordinator name (if applicable):

**Additional Client Information:**

**Are you a person with a disability?**                       Yes     No     Not Declared

I have a long term or recurring impairment and consider myself to be disadvantaged in employment due to that impairment, or believe that an employer or potential employer is likely to consider me disadvantaged in employment due to that impairment.

**Are you a member of a visible minority?**             Yes     No     Not Declared

Other than an Indigenous person, because of race or colour, I am considered a visible minority

**Do you identify as being Indigenous?**

- |  |   |
|--|---|
| <input type="checkbox"/> Inuit               | <input type="checkbox"/> Status – Off Reserve |
| <input type="checkbox"/> Métis               | <input type="checkbox"/> No status            |
| <input type="checkbox"/> Status – On Reserve | <input type="checkbox"/> Not Declared         |

None

**What is your marital status?**  Single  Married or Equivalent  Not Declared

**Do you have any dependents?**  Yes  No  Not Declared

Dependents are individual(s) who live in the same household as me and for whom I have caregiving responsibilities. They can be children by birth, marriage, adoption, or be a foster child or adult dependents (e.g. an adult offspring with a disability).

If yes, number of dependents: \_\_\_\_\_

**Do you identify as being an immigrant/refugee?**  Yes  No  Not Declared

Immigrant – I am a person who has settled permanently in Canada from another country. An immigrant includes those who have obtained a Canadian passport, who have been granted Citizenship, or who have obtained Permanent Resident status.

Refugee – I am a person who was forced to flee from another country and settled in Canada.

If yes, year of landing: \_\_\_\_\_

### **Paid Employment:**

Please list up to three positions from most to least recent:

#### **Position #1:**

Job title: \_\_\_\_\_ Employer: \_\_\_\_\_

Current income source?  Yes  No

Salary: \_\_\_\_\_ Average hours per week: \_\_\_\_\_

Start Date (YYYY/MM/DD): \_\_\_\_\_ End Date (YYYY/MM/DD): \_\_\_\_\_

Reason for leaving (choose one and if applicable):

- |  |                                    |                                      |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Laid off                  | <input type="checkbox"/> Relocated | <input type="checkbox"/> Term ended  |
| <input type="checkbox"/> Fired                     | <input type="checkbox"/> Quit      | <input type="checkbox"/> Another job |
| <input type="checkbox"/> Maternity/parental reason | <input type="checkbox"/> Seasonal  | <input type="checkbox"/> Other       |
|  | <input type="checkbox"/> Sick      |                                      |

Additional Information (occupational skills, transferrable skills, union membership, etc.):

**Position #2:**

Job title: \_\_\_\_\_ Employer: \_\_\_\_\_

Current income source?  Yes  No

Salary: \_\_\_\_\_ Average hours per week: \_\_\_\_\_

Start Date (YYYY/MM/DD): \_\_\_\_\_ End Date (YYYY/MM/DD): \_\_\_\_\_

Reason for leaving (choose one and if applicable):

- |   |                                    |                                      |
|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Laid off                     | <input type="checkbox"/> Relocated | <input type="checkbox"/> Term ended  |
| <input type="checkbox"/> Fired                        | <input type="checkbox"/> Quit      | <input type="checkbox"/> Another job |
| <input type="checkbox"/> Maternity/parental<br>reason | <input type="checkbox"/> Seasonal  | <input type="checkbox"/> Other       |
|   | <input type="checkbox"/> Sick      |                                      |

Additional Information (occupational skills, transferrable skills, union membership, etc.):

**Position #3:**

Job title: \_\_\_\_\_ Employer: \_\_\_\_\_

Current income source?  Yes  No

Salary: \_\_\_\_\_ Average hours per week: \_\_\_\_\_

Start Date (YYYY/MM/DD): \_\_\_\_\_ End Date (YYYY/MM/DD): \_\_\_\_\_

Reason for leaving (choose one and if applicable):

- |   |                                    |                                      |
|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Laid off                     | <input type="checkbox"/> Relocated | <input type="checkbox"/> Term ended  |
| <input type="checkbox"/> Fired                        | <input type="checkbox"/> Quit      | <input type="checkbox"/> Another job |
| <input type="checkbox"/> Maternity/parental<br>reason | <input type="checkbox"/> Seasonal  | <input type="checkbox"/> Other       |
|   | <input type="checkbox"/> Sick      |                                      |

Additional Information (occupational skills, transferrable skills, union membership, etc.):

### Volunteer/Unpaid Experience:

Do you have volunteer or unpaid work experience? (e.g. on-the-job training, school placements, court order, etc.)  Yes  No

If yes, please list up to three positions from most to least recent:

#### Position #1:

Job title: \_\_\_\_\_ Organization/Employer: \_\_\_\_\_

Start Date (YYYY/MM/DD): \_\_\_\_\_ End Date (YYYY/MM/DD): \_\_\_\_\_

Reason for leaving (choose one and if applicable):

- |   |                                    |                                      |
|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Laid off                     | <input type="checkbox"/> Relocated | <input type="checkbox"/> Term ended  |
| <input type="checkbox"/> Fired                        | <input type="checkbox"/> Quit      | <input type="checkbox"/> Another job |
| <input type="checkbox"/> Maternity/parental<br>reason | <input type="checkbox"/> Seasonal  | <input type="checkbox"/> Other       |
|   | <input type="checkbox"/> Sick      |                                      |

Additional Information (occupational skills, transferrable skills, union membership, etc.):

**Position #2:**

Job title: \_\_\_\_\_ Organization/Employer: \_\_\_\_\_

Start Date (YYYY/MM/DD): \_\_\_\_\_ End Date (YYYY/MM/DD): \_\_\_\_\_

Reason for leaving (choose one and if applicable):

- |   |                                    |                                      |
|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Laid off                     | <input type="checkbox"/> Relocated | <input type="checkbox"/> Term ended  |
| <input type="checkbox"/> Fired                        | <input type="checkbox"/> Quit      | <input type="checkbox"/> Another job |
| <input type="checkbox"/> Maternity/parental<br>reason | <input type="checkbox"/> Seasonal  | <input type="checkbox"/> Other       |
|   | <input type="checkbox"/> Sick      |                                      |

Additional Information (occupational skills, transferrable skills, union membership, etc.):

**Position #3:**

Job title: \_\_\_\_\_ Organization/Employer: \_\_\_\_\_

Start Date (YYYY/MM/DD): \_\_\_\_\_ End Date (YYYY/MM/DD): \_\_\_\_\_

Reason for leaving (choose one and if applicable):

- |   |                                    |                                      |
|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Laid off                     | <input type="checkbox"/> Relocated | <input type="checkbox"/> Term ended  |
| <input type="checkbox"/> Fired                        | <input type="checkbox"/> Quit      | <input type="checkbox"/> Another job |
| <input type="checkbox"/> Maternity/parental<br>reason | <input type="checkbox"/> Seasonal  | <input type="checkbox"/> Other       |
|   | <input type="checkbox"/> Sick      |                                      |

Additional Information (occupational skills, transferrable skills, union membership, etc.):

**Driver's License:**

Yes     No    Class(es): \_\_\_\_\_

Airbrake Endorsement:     Yes     No

**Education & Training:**

Building on and understanding past training and learning experiences can assist in identifying future training and work options.

High School completed?     Yes     No    Year completed: \_\_\_\_\_

If not, highest level of education completed: \_\_\_\_\_ Year completed: \_\_\_\_\_

Have you had any additional training? (e.g. college, university, on-the-job, school placements)

Yes     No

If yes, please list up to three courses or placements from most to least recent:

**Entry #1:**

Course Name: \_\_\_\_\_    School Name: \_\_\_\_\_

Start Date (YYYY/MM/DD): \_\_\_\_\_    End Date (YYYY/MM/DD): \_\_\_\_\_

Status:     Completed     Graduated     Terminated     Withdrew  
 In progress

**Entry #2:**

Course Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Start Date (YYYY/MM/DD): \_\_\_\_\_ End Date (YYYY/MM/DD): \_\_\_\_\_

Status:     Completed     Graduated     Terminated     Withdrew  
               In progress

**Entry #3:**

Course Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Start Date (YYYY/MM/DD): \_\_\_\_\_ End Date (YYYY/MM/DD): \_\_\_\_\_

Status:     Completed     Graduated     Terminated     Withdrew  
               In progress

**Additional Information:**

If education or training was not completed, explain why. If you are not working in your field of training, explain why.

**Other Information:**

**Essential Skills:** these are the workplace-based fundamental skills that make it possible to learn all other skills. It is important to understand if your Essential Skills levels meet requirements for the job and/or training.

Are you comfortable understanding and/or completing written material such as:

- |                            |                              |                             |
|----------------------------|------------------------------|-----------------------------|
| Short memos and notes?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Newspapers and brochures?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Manuals and policies?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Forms (e.g. applications)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

When you think about your next steps, will you need to improve any of these skills?

- |          |                              |                             |
|----------|------------------------------|-----------------------------|
| Math     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Writing  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Computer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments or other:

### Job Search and Self-Marketing Tools:

Self-marketing tools are required in order to conduct an effective job search.

Do you have a resume and cover letter?  Yes  No

If yes, is it up-to-date?  Yes  No

Have you ever attended a job interview?  Yes  No

If yes, do you feel you present well and are able to tell employers about your skills/qualities?  Yes  No

Have you ever filled out a job application?  Yes  No

If yes, did you have any difficulty?  Yes  No

Do you have stable housing?  Yes  No

Do you have reliable/dependable childcare and back-up support?  Yes  No  
 Not applicable

Do you have medical concerns (physical health, mental health, disability, etc.) that would prevent you from participating in work or training?  Yes  No

If yes, do you require any accommodation to participate in work or training?  Yes  No

Do you have personal barriers (involvement with the justice system, addiction issues, personal concerns, family, etc.) that would prevent you from participating in work or training?  Yes  No

### For Office Use Only:

ICM # \_\_\_\_\_ SAMIN # \_\_\_\_\_

ID Verified:  Yes  No

Type of Identification \_\_\_\_\_

Staff Initials \_\_\_\_\_