

- 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.

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):

- | | | |
|----------------------------------|---------------|-----------------|
| ... Laid off | ... Relocated | ... Term ended |
| ... Fired | ... Quit | ... Another job |
| ... Maternity/parental
reason | ... Seasonal | ... Other |
| | ... 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):

- | | | |
|----------------------------------|---------------|-----------------|
| ... Laid off | ... Relocated | ... Term ended |
| ... Fired | ... Quit | ... Another job |
| ... Maternity/parental
reason | ... Seasonal | ... Other |
| | ... 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, is it up-to-date? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever attended a job interview? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, do you feel you present well and are able to tell employers about your skills/qualities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever filled out a job application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, did you have any difficulty? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have stable housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have reliable/dependable childcare and back-up support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Not applicable | |
| Do you have medical concerns (physical health, mental health, disability, etc.) that would prevent you from participating in work or training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, do you require any accommodation to participate in work or training? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Office Use Only:

ICM # _____ SAMIN # _____

ID Verified: Yes No

Type of Identification _____

Staff Initials _____