

# OKANAGAN TRAINING & DEVELOPMENT COUNCIL

## PARTICIPANT INFORMATION EXCHANGE (PIE)

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|--|--|
| OTDC IS REQUIRED TO UNDERTAKE FOLLOW UP AND EXCHANGE INFORMATION WITH EMPLOYMENT AND SOCIAL DEVELOPMENT CANADA (ESDC) TO DETERMINE WHETHER SUPPORT UNDER OTDC PROGRAMS PROVES BENEFICIAL. IN ORDER TO CONDUCT SUCH SURVEYS, INFORMATION IS REQUIRED. THIS INFORMATION MAY ALSO BE USED IN THE ADMINISTRATION OF THE EMPLOYMENT INSURANCE ACT. THE FILE NUMBER MAY BE OBTAINED FROM THE EMPLOYER. | <b>FILE NUMBER</b>   |
| <i>(If a JD or JCP or TWS)</i>   | <b>PROGRAM OPTION</b>  |
| <b>EMPLOYER:</b>   | <input type="checkbox"/> CRF # 010228229<br><input type="checkbox"/> EI # 010228237<br><input type="checkbox"/> FNICCI # 010229714 |

*To be completed by the Employer/Coordinator and/or Participant/Trainee then given to the OTDC office*

This form contains confidential information that will be used to:

- Determine program eligibility
- Establish a database for current and future use

TYPE OF TRAINING OR POSITION

### PART 1 PARTICIPANT/TRAINEE INFORMATION

|  |   |
|--|---|
| <b>1. GIVEN NAME:</b> <b>2. INITIALS</b> <i>(if any):</i> <b>3. SUR/LAST NAME:</b> | <b>4. SOCIAL INSURANCE NUMBER:</b> Clearly PRINT Your INITIALS and SIN Only ON BACK of Form |
| <b>5. ADDRESS:</b>   | <b>6. CITY/TOWN/PROVINCE:</b> <b>7. POSTAL CODE:</b>  |
| <b>8. PHONE NUMBER:</b> <i>(main)</i>  | <b>9. PHONE NUMBER:</b> <i>(cell /message)</i> <b>10. EMAIL:</b>                            |

|   |   |  |
|---|---|--|
| <b>11. ABORIGINAL ANCESTRY:</b> YES <input type="checkbox"/> NO <input type="checkbox"/><br><small>(check applicable boxes)</small> | ON RESERVE <input type="checkbox"/> OFF RESERVE <input type="checkbox"/><br>STATUS <input type="checkbox"/> NON-STATUS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> |  |
| <b>12. BAND AFFILIATION:</b>  | <b>13. MALE</b> <input type="checkbox"/> <b>FEMALE</b> <input type="checkbox"/>   |  |
| <b>14. DATE OF BIRTH:</b> <i>(day, month, year)</i>   | <b>15. NUMBER OF DEPENDENTS:</b> <i>(optional)</i>  |  |
| <b>16. DO YOU HAVE A DISABILITY:</b> <i>(optional)</i> YES <input type="checkbox"/> NO <input type="checkbox"/>                     | <b>17. LAST GRADE and YEAR ACHIEVED:</b>  |  |

|  |  |
|--|--|
| <b>PRIOR TO STARTING THIS TRAINING, OR</b>     | <b>18. EI (UIC) BENEFITS</b> YES <input type="checkbox"/> NO <input type="checkbox"/>  |
| <b>EMPLOYMENT, WERE YOU COLLECTING:</b> ➤      | <b>19. FEDERAL or BAND SA</b> YES <input type="checkbox"/> NO <input type="checkbox"/> |
| or   | <b>20. PROVINCIAL SA</b> YES <input type="checkbox"/> NO <input type="checkbox"/>      |
| <b>PRIOR TO STARTING, WERE YOU:</b> ➤          | <b>21. A STUDENT</b> YES <input type="checkbox"/> NO <input type="checkbox"/>          |
| <b>22. Please indicate Level of Education:</b> |  |

### PART 2 PROGRAM/TRAINING INFORMATION *(to be completed by EMPLOYER/COORDINATOR or OTDC)*

|  |                                  |                      |
|--|----------------------------------|----------------------|
| <b>23. CONTRACT DURATION:</b> <i>(hours/days/weeks/months)</i> | <b>24. START DATE:</b>           | <b>25. END DATE:</b> |
|  | <b>26. COST PER PARTICIPANT:</b> |                      |

### PART 3 PARTICIPANT/TRAINEE AUTHORIZATION *(must be completed)*

|  |                  |
|--|------------------|
| <b>27. <i>(print name)</i></b><br>I, _____ hereby authorize the OTDC and/or my Sponsor to access/disclose information as may be required to evaluate program results, or to access any current or future training or employment. |                  |
| <b>28. Signature of Participant/Trainee:</b>   | <b>29. Date:</b> |
| <b>30. Signature of Employer/Coordinator:</b>  | <b>31. Date:</b> |

### PART 4 COMPLETION AND FOLLOW UP INFORMATION

|  |   |
|--|---|
| <b>32. DID THE CLIENT COMPLETE?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> | <b>33. CERTIFICATE ISSUED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <b>TO BE COMPLETED AFTER 3 MONTHS</b>  | <b>34. BF Date:</b>   |
| <b>35. EMPLOYMENT OBTAINED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>     | <b>36. Date:</b>  |
| <b>37. RETURNED TO SCHOOL?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>      | <b>38. Program:</b>   |
| <b>39. SELF-EMPLOYED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>           | <b>40. Type of Business:</b>  |

*Under the Privacy Act, the personal information collected on this form may be accessed by the Participant*