

Fields marked with an asterisk (*) are mandatory.

Before you print blank copy
check Literacy and Basic
Skills

Staff is available to help you complete this form.

Employment Ontario Programs *

- ☐ Employment Service (ES)
 ☒ Literacy and Basic Skills (LBS)
 ☐ Youth Job Link (YJL)
- ☐ Youth Job Connection (YJC)/Youth Job Connection: Summer (YJCS)

Service Provider Use Only

Case Reference <i>Auto-generated by EOIS CaMS</i>	Person Reference <i>Auto-generated by EOIS CaMS</i>	Date of Registration (DD/MM/YYYY) <small>Learner's start date in the program (this is for program use only. Registration Date is auto-generated in CaMS)</small>
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Participant Details

Last Name * <i>Ensure legal name is used</i>	First Name *	Middle Initial
Preferred Name		

I identify as: * (Select only one)

- ☐ Male
 ☐ Female
 ☐ Trans
 ☐ Other (specify) ► _____
- ☐ Prefer not to disclose

Date of Birth (DD/MM/YYYY) * <i>Date formats same as CaMS</i>	Date Arrived in Canada (if born outside Canada) (DD/MM/YYYY)	Place of Birth (Country)
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Status in Canada *	<i>If Other: could be refugee, work permit, foreign student, etc.</i>	Preferred Language *
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other (specify) ► _____		<input type="checkbox"/> English <input type="checkbox"/> French

Preferred Communication	Marital Status *
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Hard Copy	<input type="checkbox"/> Single <input type="checkbox"/> Married (or equivalent) <input type="checkbox"/> Undisclosed

Please complete if you wish to self-identify as a member of a designated group(s). Your response to this question is entirely voluntary and will not affect your eligibility. This information will be used by the Governments of Ontario and Canada for policy analysis and statistical purposes related to employment programs and services. (You may select more than one (1) option:)

<input type="checkbox"/> Newcomer <input type="checkbox"/> Visible Minority <input type="checkbox"/> Francophone	<input type="checkbox"/> Person with Disability <input type="checkbox"/> Inuit <input type="checkbox"/> Deaf	<input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Deafblind	<i>Suitability Criteria derived from these answers - Performance Management Target</i>
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Participant Address and Contact Information
Primary Mailing Address

Unit Number	Street Number *	Street Name * <i>Ensure postal code matches address. Learner cannot be entered into CaMS without the proper postal code.</i>	PO Box
City/Town *			Province *
			Postal Code * <i>Auto Lookup Feature in CaMS</i>

Alternate Mailing Address

<input type="checkbox"/> Address same as above			
Unit Number	Street Number *	Street Name *	PO Box
City/Town *			Province *
			Postal Code *

Primary Phone Number

<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Other	Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Other
Telephone Number <i>*Note-In CaMS enter area code and then number without hyphen (e.g. 705 7458945)</i>	Telephone Number
ext.	ext.

Email Address
Not mandatory but useful to have for future contact, such as for 3, 6 and 12 month followups.

Education

Indicate your Highest Level of Education/Qualification:

☐ Grade 0 - 8

☐ OAC

☐ Applied Degree

☐ Grade 9

☐ Certificate of Apprenticeship

☐ Associate Degree

☐ Grade 10

☐ Journey person

☐ Bachelor's Degree

☐ Grade 11

☐ Certificate/Diploma

☐ Post Graduate

☐ Grade 12 (or equivalent)

Institution of Highest Level of Education

Name of last school attended

Program Description

Name of program

Start Date (DD/MM/YYYY)

End Date (DD/MM/YYYY)

Type

Country of Institution

Approximate dates if learner is unsure or refer to learner's transcript

☐ Full-Time

☐ Part-Time

Additional Education

☐ Some Apprenticeship

☐ Some College

☐ Some University

Institution of Additional Education

Program Description

Start Date (DD/MM/YYYY)

End Date (DD/MM/YYYY)

Type

Country of Institution

☐ Full-Time

☐ Part-Time

Employment

List your work experience, including volunteer work. Start with the most recent job/volunteer activity.

Work Experience 1 *If entering employment data, all fields are mandatory except duties*

Employment Type

☐ Paid

☐ Self Employed

☐ Unpaid

☐ Volunteer

Name of Employer

Job Title/Duties

Employment Start Date (DD/MM/YYYY)

Employment End Date (DD/MM/YYYY)

Country of Employment

Pay Period *

☐ Hour

☐ Week

☐ Bi-weekly

☐ Month

☐ Year

Wage Amount (\$) *

Employment Hours Per Week *

Reason for Leaving

Service Provider Use Only *You can download a list of NOC and NAICS codes in excel format from the internet*

NOC *

NAICS *

Client self-assessment

How long do you think you will spend in the program? (weeks)

Does not need to be entered during 1st intake interview if unknown, but must be completed before opening a Service Plan in CaMS.

On average, how many hours a week can you devote to your learning?

(hr(s) per week) *Number of hours learner plans to attend. Note the ministry's recommended time is 10 hours minimum.*

In class

On your own

Notice of Collection and Consent

The Ministry of Advanced Education and Skills Development (the Ministry) is the government organization that gives funding to your literacy Service Provider, so it can train learners like you under the Literacy and Basic Skills Program (LBS), part of Employment Ontario (EO) programs and services.

In order to administer and fund LBS, the Ministry needs to collect some personal information about you. **Your literacy Service Provider must tell the Ministry about:**

- The services it provides to you;
- Your education and training progress as well as your results when you finish the program; and
- How happy you are with the services you received.

Your personal information will be entered into the Ministry's computer system by either your literacy Service Provider or the Ministry. This secure system is called the Employment Ontario Information System (EOIS) and limited to authorized users who need access to the personal information contained in it to deliver EO programs.

In addition, your literacy Service Provider must share its books and records with the Ministry when asked. This allows the Ministry to confirm that your literacy Service Provider is delivering LBS as it has agreed to do in its contract with the Ministry.

To administer and fund the LBS program, the Ministry will use your personal information for such purposes as:

- Looking at how well your literacy Service Provider is performing and if it is doing everything it has agreed to do in its contract with the Ministry;
- Looking at learners' progress and results to see how LBS is working in the province and whether any changes are needed;
- Checking if learners like yourself are satisfied with LBS and your literacy Service Provider. This means you may be asked if you would like to be part of a survey, either by yourself or as part of a group. **Signing this form today does not mean you will have to participate in a survey. You will be given a choice of whether or not you would like to participate. This will not affect your learning;**
- Promoting LBS across the province. **This means you may be asked if you would like to be part of a promotional campaign. Signing this form today only gives us permission to ask you later if you would like to participate in the campaign.** You are free to choose whether or not you would like to participate. This will not affect your learning.

LBS is partially funded by the government of Canada as part of the Labour Market Agreement (LMA). As party to this agreement, the Ministry must report to Canada how LBS has met the needs of learners.

The Ministry **collects your personal information in accordance with s. 38(2) of the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31**, as amended, which is a law that the Ministry must follow to ensure that your personal information is protected.

For more information about the collection and use of your personal information under the LBS program, you can contact the Manager, Employment Ontario Hotline, in writing at the Ministry of Advanced Education and Skills Development, 33 Bloor Street East, 2nd Floor, Toronto, Ontario M7A 2S3 or by phone at 1-800-387-5656 or visit the website at: <https://www.ontario.ca/page/employment-ontario>. For service in a language other than English or French: After the telephone greeting please stay on the line and an information counsellor will assist you by adding a certified interpreter to the call to help us get you the information you need. TTY (telephone service for the deaf) is available at 1-866-533-6339.

Signatures *Ensure Learner understands the agreement. Signature and date is required for both statements. If not signed, the Learner cannot participate in program. In some instances, an exception can be made by the Program Manager only. Signatures must be made in pen.*

By signing below, I acknowledge that my Service Provider has explained its use and disclosure of my personal information for its purpose.

Participant's Name X Print Name -Learner acknowledges that you have explained the use and disclosure of personal information	Participant's Signature X Learner Signature	Date (DD/MM/YYYY) Date required
Parent's/Guardian's Name	Parent's/Guardian's Signature (if applicant is under 16)	Date (DD/MM/YYYY)

By signing below, I give consent to the Ministry to indirectly collect, use and disclose my personal information for the purposes set out above.

Participant's Name X Print Name -Learner gives Ministry <u>consent</u> to collect, use and disclose personal information	Participant's Signature X Learner Signature	Date (DD/MM/YYYY) Date required
Parent's/Guardian's Name	Parent's/Guardian's Signature (if applicant is under 16)	Date (DD/MM/YYYY)

Client Summary (Service Provider Use Only)

Referred In <i>Ask the question: How did you hear about our program?</i>	Service Delivery Site <i>Your site number or name</i>	Owner <i>Your Name or person entering info into CaMS</i>
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Template *Mandatory*

<input type="checkbox"/> Goal Path to Employment	<input type="checkbox"/> Goal Path to Apprenticeship	<input type="checkbox"/> Goal Path to Secondary School Credit
<input type="checkbox"/> Goal Path to Postsecondary	<input type="checkbox"/> Goal Path to Independence	

Language *Mandatory*

Language Spoken at Home:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> ASL	<input type="checkbox"/> Indigenous	<input type="checkbox"/> LSQ	<input type="checkbox"/> Other
Language Spoken at Last Workplace:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> ASL			
Service Provision Language:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> ASL			

Source of Income *Mandatory*

<input type="checkbox"/> Employed	<input type="checkbox"/> Ontario Works (OW)	<input type="checkbox"/> Crown Ward
<input type="checkbox"/> Dependent of OW/ODSP Recipient	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Ontario Disability Support Program (ODSP)
<input type="checkbox"/> Employment Insurance (EI)	<input type="checkbox"/> No Income	<input type="checkbox"/> Other, specify _____

PLEASE NOTE THESE SUITABILITY INDICATORS (Performance Management targets)

- Education Level attained: < grade 12
- Source of Income: Ontario Works, ODSP, No source of income, Crown Ward
- Time out of school, or training: 6 years or more
- Age: older than 45 years of age and under 64
- History of interrupted education: interrupted primary or secondary education

Education (Select the Highest Level of Education) *Should match info from page 1*

<input type="checkbox"/> Grade 0 - 8	<input type="checkbox"/> Grade 12 (or equivalent)	<input type="checkbox"/> Journeyperson	<input type="checkbox"/> Applied Degree
<input type="checkbox"/> Grade 9	<input type="checkbox"/> OAC	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate Degree
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Some Apprenticeship	<input type="checkbox"/> Certificate/Diploma	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Certificate of Apprenticeship	<input type="checkbox"/> Some University	<input type="checkbox"/> Post Graduate

Country in which highest level of education was completed *Mandatory* ☐ In Canada ☐ Outside CanadaTime out of Formal Education *Mandatory*

<input type="checkbox"/> Less than 3 months	<input type="checkbox"/> 3 to 6 months	<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> 1 year to 6 years	<input type="checkbox"/> More than 6 years	<input type="checkbox"/> N/A
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Time out of Training *Mandatory-Training is specific to job skills (under 52 weeks) i.e., PSW, truck driving. If they have never had any training, check 'more than 6 years'*

<input type="checkbox"/> Less than 3 months	<input type="checkbox"/> 3 to 6 months	<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> 1 year to 6 years	<input type="checkbox"/> More than 6 years	<input type="checkbox"/> N/A
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History of Interrupted Education? *Mandatory*

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Check 'YES' if the Learner's regular school years were interrupted (Guideline - if Grade 12 Diploma not achieved by 18 years of age it is likely an interruption occurred.)

Employment

Labour force attachment *Mandatory*

<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Under-employed	<input type="checkbox"/> Self-employed
<input type="checkbox"/> Full-time Student	<input type="checkbox"/> Part-time Student			

Employment Experience *Mandatory*

<input type="checkbox"/> No work experience	<input type="checkbox"/> Worked in Canada	<input type="checkbox"/> Worked, but not in Canada
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Registered Apprentice *Mandatory*

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Time out of Work *Mandatory*

<input type="checkbox"/> Less than 3 months	<input type="checkbox"/> 3 to 6 months	<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> 1 year to 6 years	<input type="checkbox"/> More than 6 years	<input type="checkbox"/> N/A
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Assessment

Entry Assessment Tool

<input type="checkbox"/> CABS	<input type="checkbox"/> Camera	<input type="checkbox"/> EARAT	<input type="checkbox"/> ESEE	<input type="checkbox"/> ESOT	<input type="checkbox"/> PDQ	<input type="checkbox"/> Towes	<input type="checkbox"/> Other <i>e.g. ESKARGO, locally developed</i>
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Result : *Score or level determined from assessment tool*

Date of Assessment for the Entry Assessment Tool (DD/MM/YYYY)

*Mandatory*Learner Gains Exempt *Leave Blank*Intake Learner Gains Score: *Leave Blank- Learner Gains Tool will be released in future*

Reading	Document Use	Numeracy
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Date of Assessment for the Intake Learner Gains Score (DD/MM/YYYY)

*Leave Blank*Canadian Language Benchmark Assessment (1-12, or N/A) *1-12 - CLB must be issued by a Canadian Language Benchmark Centre*

Speaking	Listening	Reading	Writing
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Estimated Learner Weekly Time Commitment (hours)

of scheduled hours Learner plans to participate in Program - should be same as page 2

Sub-goal/Plan Item 1

Sub-goal <i>Enter Competency Name and letter (A, B, C, D, E, F)</i>		Plan Item Name <i>Enter Task Group and Number (e.g. E1)</i>	
Expected Start Date (DD/MM/YYYY) <i>Expected date the Learner will start working on the skills required to achieve the tasks in the Competency</i>		Expected End Date (DD/MM/YYYY) <i>Expected date the Learner will have the skills to achieve identified milestone</i>	
Expected Outcome * <i>Competency Level 1, 2, 3 - leave blank for Competencies with no level</i>		Estimated Cost (\$) * <i>Leave Blank</i>	Service Delivery Site (CaMS Only) <i>SDS site number same as page 4</i>
Comments			

Milestone <i>Enter numerical Milestone # based on the Competency and first level the Learner is anticipated to achieve (1-60)</i>	Delivery Method * <i>Mandatory</i> <input type="checkbox"/> Classroom <input type="checkbox"/> e-Channel <input type="checkbox"/> One-on-One <input type="checkbox"/> Blended Learning
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Combination of Classroom or One on One with E-Channel or internet based learning environment