



## PARTICIPANT INFORMATION SHEET

A. IDENTIFICATION				
SURNAME AND FIRST NAME		GENDER: F <input type="checkbox"/> M <input type="checkbox"/>		
CIVIC NUMBER, STREET, APARTMENT NUMBER, CITY, PROVINCE, POSTAL CODE				
TELEPHONE NUMBER:	CELLULAR NUMBER:	EMERGENCY NUMBER:		
HOW LONG HAVE YOU BEEN LIVING IN THE URBAN AREA? (day/month/year)	REASON:			
SOCIAL INSURANCE NUMBER:		EMAIL ADDRESS:		
DATE OF BIRTH (day/month/year):	AGE:	BAND NUMBER:	NATION:	
COMMUNITY:		INDIAN STATUS: STATUS <input type="checkbox"/> METIS <input type="checkbox"/> NON-STATUS <input type="checkbox"/> INUIT <input type="checkbox"/>		
CIVIL STATUS:	SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/>	COMMON LAW <input type="checkbox"/> WIDOW <input type="checkbox"/>	SINCE: _____ SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/>	
B. NUMBER OF DEPENDANTS <small>HEALTH INSURANCE CARD OR BIRTH CERTIFICATE OR PROOF OF FAMILY ALLOWANCE MUST BE PROVIDED</small>				
NAME (S)	RELATIONSHIP	DATE OF BIRTH	AGE	
C. MOBILITY		D. LANGUAGES		
DRIVER'S LICENSE :	YES <input type="checkbox"/> NO <input type="checkbox"/>	FRENCH SPOKEN <input type="checkbox"/>	FRENCH WRITTEN <input type="checkbox"/>	
DO YOU HAVE A CAR?	YES <input type="checkbox"/> NO <input type="checkbox"/>	ENGLISH SPOKEN <input type="checkbox"/>	ENGLISH WRITTEN <input type="checkbox"/>	
PERMIT CATEGORY :	OTHER :			
E. FINANCIAL SITUATION OF PARTICIPANT				
EMPLOYMENT INSURANCE BENEFIT RECIPIENT	YES <input type="checkbox"/> NO <input type="checkbox"/>	STUDENT BURSARY	YES <input type="checkbox"/> NO <input type="checkbox"/>	
SOCIAL SECURITY BENEFIT	YES <input type="checkbox"/> NO <input type="checkbox"/>	ALIMONY	YES <input type="checkbox"/> NO <input type="checkbox"/>	
WITHOUT INCOME	YES <input type="checkbox"/> NO <input type="checkbox"/>	CNESST	YES <input type="checkbox"/> NO <input type="checkbox"/>	
SELF-EMPLOYED	YES <input type="checkbox"/> NO <input type="checkbox"/>	OTHER :		
EMPLOYED (SELECT 1 BOX): FULL TIME <input type="checkbox"/> OR PART TIME <input type="checkbox"/>	(SELECT 1 BOX) PERMANENT <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> ON CALL <input type="checkbox"/> SEASONAL <input type="checkbox"/>			
INCOME SPOUSE :	EMPLOYED <input type="checkbox"/>	EMPLOYMENT INSURANCE <input type="checkbox"/>	SOCIAL SECURITY <input type="checkbox"/> WITHOUT INCOME <input type="checkbox"/> OTHER <input type="checkbox"/>	
F. EMPLOYMENT HISTORY				
EMPLOYER	TITLE OF POSITION	START DATE (day/month/year)	END DATE (day/month/year)	
1-				
2-				
3-				
G. EDUCATION AND TRAINING				
LEVEL	NAME OF SCHOOL AND CITY	FIELD	LEVEL COMPLETED & PROGRAM	Day/month/year
High School			I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> SSD <input type="checkbox"/>	
Vocational Training			I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> DVS <input type="checkbox"/>	
College			DSC <input type="checkbox"/> Technical <input type="checkbox"/>	
Attestation of Collegial Studies			ACS <input type="checkbox"/>	
Certificate				
Bachelor's				
Master's and/or Doctorate				
H. OTHER INFORMATION				
DO YOU HAVE A DISABILITY OR A CONDITION THAT COULD PREVENT YOU FROM INTEGRATING THE LABOUR MARKET?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
DO YOU HAVE A CRIMINAL RECORD?			YES <input type="checkbox"/> NO <input type="checkbox"/>	

I declare that the information provided on this information sheet is complete and accurate.

Printed Name:	Participant's signature:	Date:
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