

Skills Development Fund Training Stream (SDF-TS) Participant Registration

Fields marked with an asterisk (*) are mandatory. All dates should be entered in the format DD/MM/YYYY. Staff is available to help you complete this form.

Service Provider Use Only

Date of Registration

Participant Details

Last Name*	First Name*	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Name	Date of Birth*	Social Insurance Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>

I identify as:*

Man Woman Gender non-binary Two-spirit

Another gender identity (Specify)

Prefer not to answer

Do you identify as transgender? (optional)

Transgender is an umbrella term that refers to people whose gender identity, expression or behaviour is different from those typically associated with their assigned sex at birth. Identities considered to fall under this umbrella can include trans, transsexual, non-binary, gender fluid, and genderqueer – as well as many more.

Yes No Questioning Prefer not to answer

Status in Canada:*

Canadian Citizen Permanent Resident Naturalized Canadian Citizen

Protected Persons Prefer not to say Other

If you have immigrated to Canada, please indicate:

Country of Origin	Date of Entry into Canada
<input type="text"/>	<input type="text"/>

Preferred Language:*

English French

Preferred Communication: Phone Email Hard Copy

Marital Status:* Married Common Law Separated
 Divorced Widowed Single Prefer not to say

Participant Address and Contact Information

Primary Mailing Address

Unit Number	Street Number*	Street Name*	PO Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town*	Province*	Postal Code*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Alternate Mailing Address

Unit Number	Street Number	Street Name	PO Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	Province	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Primary Phone Number*

Home Mobile Other

Telephone Number

Alternate Phone Number

Home Mobile Other

Telephone Number

Email*

Profile Information

Labour force attachment*

- Employed
- Self-Employed
- Employed, but currently on a leave
- Unemployed
- Not employed and looking for work
- Not employed with an employment offer
- Not employed and not looking for work
- Not employed and unable to work
- Attending a school (elementary, high school or equivalent)
- Attending a university
- Attending a college
- Registered in an apprenticeship program
- In other training or skills development program
- Not sure
- Prefer not to say

Source of Income*

- Employment Insurance (EI) *
- Ontario Works (OW)
- Ontario Disability Support Program (ODSP)
- Crown Ward Extended Care and Maintenance
- Dependent of OW/ODSP
- No income
- Employed with employer
- Self-Employed
- Non-EI (other)
- Other (Specify)

***Note for individuals who selected EI:** Your Social Insurance Number will be used by Canada to help monitor and assess the EI program and the Service Provider to request approval to continue to receive regular EI benefits in order to take part in training programs and other employment activities.

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 option):

- | | | |
|--|--|--|
| <input type="checkbox"/> Newcomer | <input type="checkbox"/> Francophone | <input type="checkbox"/> First Nations |
| <input type="checkbox"/> Racialized Person | <input type="checkbox"/> Person with Disability | <input type="checkbox"/> Métis |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Inuit | <input type="checkbox"/> Women |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Justice System Involved | <input type="checkbox"/> Immigrant |
| <input type="checkbox"/> Prefer not to say | | |

Education

Indicate your Highest Level of Education/Qualification*:

- | | | |
|--|---|---|
| <input type="radio"/> Grade 0 - 8 | <input type="radio"/> OAC | <input type="radio"/> Bachelor's Degree |
| <input type="radio"/> Grade 9 | <input type="radio"/> Certificate of Apprenticeship | <input type="radio"/> Post Graduate |
| <input type="radio"/> Grade 10 | <input type="radio"/> Journeyperson | <input type="radio"/> Other |
| <input type="radio"/> Grade 11 | <input type="radio"/> Certificate/Diploma | |
| <input type="radio"/> Grade 12 (or equivalent) | | |

Employment

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

Work Experience

Employment Type: Paid Self-Employed Unpaid Volunteer

Name of Employer

Job Title/Duties

Employment Start Date Employment End Date

Country of Employment

Preferred method of reporting wage: Hourly Weekly Bi-Weekly Monthly Yearly

Wage Amount (\$) *

Hourly wage (including tips and commissions) (\$) *

Average Paid Hours per Week (excluding overtime) *

Reason for Leaving

Service Provider Use Only NOC*

NAICS*

Additional Work Experience (if applicable)

Employment Type: Paid Self-Employed Unpaid Volunteer

Name of Employer

Job Title/Duties

Employment Start Date Employment End Date

Country of Employment

Preferred method of reporting wage: Hourly Weekly Bi-Weekly Monthly Yearly

Wage Amount (\$) *

Hourly wage (including tips and commissions) (\$) *

Average Paid Hours per Week (excluding overtime) *

Reason for Leaving

Service Provider Use Only NOC*

NAICS*

Notice of Collection and Consent

Organizations delivering Skills Development Fund Training Stream under a transfer payment agreement with the Ministry of Labour, Immigration, Training and Skills Development (the “Ministry”) are required to make its records available to the Ministry for inspection, investigation or audit.

Partnership Agreements with Third Party Providers:

For those organizations in a Partnership Agreement with a lead organization, please note that the lead organization has a transfer payment agreement with the Ministry. In accordance with the Partnership Agreement your information, including personal information, will be shared with the lead organization. The lead organization, in turn, will share your information, including personal information, with the Ministry. The partnership agreement requires that your organization make its records available to the lead organization. In turn, the lead organization will share your information with the Ministry for inspection, investigation, or audit, as appropriate and as necessary.

Your organization/the lead organization in the consortia is also required to report to the Ministry on:

- The training/services it tailors and provides you;
- Your employment progress and outcome over time; and
- Your satisfaction with the training/services you receive.

Pursuant to this notice of collection and consent, you are consenting to the following:

- The Ministry will also collect relevant personal information about you from the Government of Canada (Canada) if necessary. The purpose of this information is to determine your eligibility for Employment Insurance benefits, the nature and level of Employment Insurance benefits, and to monitor, assess and evaluate the effectiveness of Skills Development Fund Training Stream.
- Depending on the type of training/services or support you receive and any incentives available to your employer to hire you, your organization or the Ministry may also collect personal information about you from your employer.

Use of Personal Information:

The personal information that you provide to us via this form will be used by the Ministry for the following purposes:

- Administration of SDF funded programs;
- The Ministry may also use the personal information that you provide on this form to reach out to you or use third party contractors and auditors to reach out to you for the following purposes:
 - Planning, evaluating and monitoring Skills Development Fund Training Stream - this includes conducting policy and statistical analysis and research related to all aspects of Skills Development Fund Training Stream. You may also be contacted to request your voluntary participation in surveys for Employment Ontario program development and evaluation purposes (e.g., learning about your employment progress and outcomes over time, and your satisfaction with the training/services you receive) to improve future Ministry programs.
 - Promoting Skills Development Fund Training Stream - you may be contacted to request your voluntary participation in public relations campaigns related to Skills Development Fund Training Stream.

Disclosure of Personal Information:

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If you are a client of, or applying to, the Ontario Disability Support Program or Ontario Works, the Ministry will disclose your personal information to the Ministry of Children, Community and Social Services (MCCSS) for the purposes of administering employment services and managing the participation of MCCSS clients within employment support programs under the Ontario Works Act, 1997, and the Ontario Disability Support Program Act, 1997.

The Ministry may also disclose your personal information to the Government of Canada for the purposes of complying with its obligations under federal funding agreements for the SDF.

Skills Development Fund Training Stream is funded by the Ministry, in part with funds provided by Canada under Part II of the Employment Insurance Act. When funds are provided by Canada, the ministry is required to provide information to Canada to help monitor and assess the Employment Insurance Program, as required under s.3 of the Employment Insurance Act.

Under the Labour Market Development Agreement between Canada and Ontario (LMDA) and the Workforce Development Agreement between Canada and Ontario (WDA), the Ministry is required to collect social insurance numbers from EI beneficiaries to request approval to continue to receive regular EI benefits in order to take part in training programs and other employment activities.

Authority to Collect, Use and Disclose Personal Information:

The Ministry is authorized to collect and use personal information from third party organizations that administer and provide SDF training and services and the Government of Canada for the purposes of developing and evaluating employment-related programs and services pursuant to subsection 15(1) of the Ministry of Training Colleges and Universities Act.

The Ministry's disclosure of personal information to the Government of Canada is in compliance with clause 42(1)(e) of FIPPA.

The Ministry's disclosure of personal information to third party contractors/auditors and organizations that deliver Skills Funding Training is authorized by subsection 15(4.1) of the MTCU Act.

The Ministry's disclosure of personal information to MCCSS is authorized by subsection 15(4.1) of the MTCU Act. The Ministry collects your personal information pursuant to the LMDA and WDA, ss. 3 and 63 of the Employment Insurance Act, S.C. 1996, C.23 as amended, and s.76.29 of the Employment Insurance Regulations, SOR/96-332. The Ministry will collect personal information from clients who identify as Ontario Disability Support Program or Ontario Works recipients and disclose your personal information to MCCSS in accordance with the s.71 of the Ontario Works Act, 1997, and s.53 of the Ontario Disability Support Program Act, 1997.

For more information about the collection, use and disclosure of your personal information to administer and finance Skills Development Fund Training Stream, you can contact the Manager, Employment Ontario Call Centre, in writing at the Ministry of Labour, Immigration, Training and Skills Development, 33 Bloor Street East, 2nd Floor, Toronto, Ontario M7A 2S3 or by phone at 1-800-387-5656. For the hearing impaired, TTY is available at 1-866-533-6339.

Signatures

- I/we acknowledge that my Service Provider has explained its use and disclosure of my personal information for its purpose.

Participant's Name*	Date*
Parent's/Guardian's Name (if participant is under 18)	Date

- I/we give consent to the Ministry to indirectly collect, use and disclose my personal information for the purposes set out above.

Participant's Name*	Date*
Parent's/Guardian's Name (if participant is under 18)	Date