

Career Ready Fund’s Auto Stream Round Two Participant Application and Attestation Form

1. Participant Information

a. Participant ID Number:

(To be completed by the CRF-AS Administrator. Please see the accompanying “CRF-AS_Reporting Template Instructions” document for detailed information about how to generate a Participant ID Number).

b. Contact Information:

Name:	
Telephone:	
Email:	

c. Participant Demographic information:

Please complete if you wish to self-identify. Do you identify as:

- | | | |
|--|--|---|
| <input type="checkbox"/> Man | <input type="checkbox"/> Woman | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Transgender woman | <input type="checkbox"/> Transgender man | <input type="checkbox"/> Gender non-binary |
| <input type="checkbox"/> Two-spirit | <input type="checkbox"/> Do not know | <input type="checkbox"/> Prefer not to disclose |
| <input type="checkbox"/> Another gender identity (specify) _____ | | |

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 only be used by the Governments of Ontario and Canada for policy analysis and statistical purposes related to Career Ready Fund’s Auto Stream.

	Yes	No	Prefer not to disclose
First Nations			
Metis			
Inuit			
Racialized Person			
Newcomer			
Francophone			
Person with a disability			

d. Self-declaration (voluntary):

If you identified as a person with a disability, please complete if you wish to self-identify your disability. Your response to this question is entirely voluntary and will not affect your eligibility.

This information will only be used by the Governments of Ontario and Canada for policy analysis and statistical purposes related to Career Ready Fund's Auto Stream project. You may select more than one (1) option:

- Physical / Mobility
- Mental Health / Psychiatric
- Blind / Visually Impaired
- Deaf / Hard of Hearing
- Developmental Disability
- Learning Disability
- Head Injury / Cognitive
- Addictions/Substance abuse
- Other, specify: _____

e. Accommodation Needed (voluntary):

Please complete if you wish to identify any necessary adjustments or accommodations for employment (e.g. access and/or assistive devices or technology, job specific communication training and supports, modified work hours that may be required due to a health issue or disability, etc.)

2. Work Placement Information

a. Employer's Information:

Hiring Organization's Name:	
Employer Size (total # of employees)	
Employer Type:	
Has the employer transitioned to manufacturing medical equipment and supplies?	
Address:	
Town/City:	
Postal Code:	
Contact Person:	
Contact Person's Telephone:	
Contact Person's email:	

b. Placement Information:

Placement Job Type:	
Placement Start Date	
Placement End Date	
Participant Placement Type:	

c. Participant Placement Information (Complete only for Postsecondary Students):

Postsecondary Institution	
Program Type	
Program of Study	
Year of Study	
Did the student receive course credit?	

d. Participant Placement Information (Complete only for Recent Graduates)

Date of graduation	
Postsecondary Institution from which the participant graduated	
Type of credential obtained	
Program of Study (from which the participant graduated or studying)	

e. Participant Placement Information (Complete only for Apprentices)

Participant's Training Delivery Agent	
Ministry-issued Sponsor (or Employer) ID Number (if known)	
Registered Training Agreement Number	
Ministry-issued Client ID Number	
Trade Name	
Trade Code	

3. Notice of Collection and Consent

The legal authority for this collection of personal information of participants is pursuant to paragraph 4 of subsection 15(1) of the [Ministry of Training, Colleges and Universities Act](#).

In accordance with section 15(8) of the Ministry of Training, Colleges and Universities Act, if the Minister collects personal information indirectly under subsection (1), the notice required by subsection 39(2) of the FIPPA is given by

- (a) A public notice posted on the Ministry's website of the government of Ontario's website; or,
- (b) Any other method that may be prescribed by regulation.

If you have questions about the Ministry's collection or use of personal information, please contact:

Erica Rayment

Partnerships Advisor, Partnerships and Implementation Branch
Workforce Policy and Innovation Division
Ministry of Training, Colleges and Universities
315 Front Street West, 17th floor
Toronto, Ontario M7A 0B8

The Ministry of Labour, Training and Skills Development (“Ministry”) may use the personal information collected in this Application and Attestation Form to determine the allocation of funding to those receiving transfer payments under the Career Ready Fund’s Auto Stream and to evaluate this program. The Ministry may also conduct a survey of participants who completed work placements to evaluate this program. Therefore, the Ministry may contact participants using the information collected in this Application and Attestation Form and may work with a third party to conduct this survey on its behalf.

The Ministry may also collect relevant personal information about you from the Government of Canada, if necessary, to determine your eligibility for and the nature and level of Co-op Education Tax Credit and to monitor, assess and evaluate the effectiveness of Career Ready Fund’s Auto Stream. Depending on the type of service or support you receive and any incentives available to your employer to hire you, the Ministry may also collect personal information about you from your employer.

The Ministry may use your personal information to administer and finance Career Ready Fund’s Auto Stream. For purposes of administering Career Ready Fund’s Auto Stream, the information collected on this form will be recorded and preserved. The Ministry may use contractors and auditors to administer, review and evaluate the Career Ready Fund’s Auto Stream.

Please note that the Ministry is subject to the *Freedom of Information and Protection of Privacy Act* (Ontario) and that any information provided to the Ministry in connection with the Career Ready Fund’s Auto Stream may be subject to disclosure in accordance with that Act.

For more information on protecting your personal information, please visit [privacy statement](#) and the [Collection and use of postsecondary education enrolment information](#).

- SIGNATURE PAGE FOLLOWS -

Signature (by Participant)

- By signing below, I acknowledge that my employer and/or recipient understands and has explained the Application and Attestation Form's use and disclosure of my personal information for its purpose.
- By signing below, I give consent to the Ministry to collect, use and disclose my personal information for the purposes set out above.

Name: _____

Signature: _____

Date: _____ (dd/mm/yyyy)

Signature (by Employer)

I acknowledge the statements above related to employer are true to the best of my knowledge.

Organization's Name: _____

Name: _____

Signature: _____

Date: _____ (dd/mm/yyyy)

Attestation (To be completed by the CRF-AS Administrator)

I, the undersigned, do attest and confirm all the above-mentioned information:

Recipient Organization's Name: _____

Name: _____

Signature: _____

Date: _____ (dd/mm/yyyy)