

Participant Information Template (PIT) – Stream 1 Activities

Surname (as appears on Social Insurance Number [SIN]) <input type="text"/>		Given Name and Initials (as appears on SIN) <input type="text"/>	SIN (000 000 000) <input type="text"/>
Preferred Name: <input type="text"/>		Address (Including Apt #): <input type="text"/>	Pronouns: <input type="text"/>
Date of birth (YYYY-MM-DD) Click or tap to enter a date.	Email Address <input type="text"/>		Telephone Number <input type="text"/>
City <input type="text"/>	Province <input type="text"/>	Postal Code <input type="text"/>	

Residency Status

Canadian Citizen
 Permanent Resident
 Refugee under the Immigration and Refugee Protection Act

Severity of the disability

Mild (causes restrictions in the ability to perform some daily tasks)
 Moderate (causes restrictions in the ability to perform a lot of daily tasks)

Severe (causes restrictions in the ability to perform most daily tasks)
 Prefer not to say/decline to answer

Type and Permanency of Disability

Temporary: a disability where there is a reasonable chance for recovery and is not expected to remain throughout one's lifetime.

Permanent: a life-long disability, where there is no reasonable chance for recovery.

Type of Disability	Permanency of Disability
Agility <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to Answer
Hearing <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to Answer
Mental Health <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to Answer
Visual <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to Answer
Intellectual <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to Answer
Developmental <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to Answer
Learning <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to Answer
Motor Skills <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to Answer

Speaking <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to Answer
Episodic (not mental health related) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to Answer
Substance Use Disorder <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to Answer
Other(s), specify here <input type="text"/>	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to Answer
Employment Status prior to OF participation <input type="radio"/> Not Employed: Looking for work <input type="radio"/> Not Employed: Not looking for work <input type="radio"/> Student <input type="radio"/> Prefer not to say/Decline to answer	
Employability Barrier(s) In addition to your disability, are you currently experiencing any type of barrier(s) that prevent you from participating in the program, returning to school or obtaining employment? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer If yes, which type of barrier(s) are you currently experiencing? (Check all that apply) <input type="checkbox"/> Addiction <input type="checkbox"/> Childcare <input type="checkbox"/> Children with disability <input type="checkbox"/> Housing <input type="checkbox"/> Social Skills <input type="checkbox"/> Transportation <input type="checkbox"/> Prefer not to say/Decline to answer <input type="checkbox"/> Other(s), Specify here <input type="text"/>	
Information on Employment Equity	
Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender <input type="radio"/> Prefer not to say/Decline to answer	New Immigrant (in Canada for less than five (5) years) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer
Member of Visible Minority <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer	
Visible Minority Group (if applicable) <input type="radio"/> Arab <input type="radio"/> Black <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Latin America <input type="radio"/> South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.) <input type="radio"/> Southeast Asian (e.g., Cambodian, Laotian, Thai, Vietnamese, etc.) <input type="radio"/> West Asian (e.g., Afghan, Iranian, etc.) <input type="radio"/> Prefer not to say/Decline to answer <input type="radio"/> Not applicable <input type="radio"/> Other, specify here: <input type="text"/>	
Indigenous Group <input type="radio"/> Inuit <input type="radio"/> Metis <input type="radio"/> Non status <input type="radio"/> Registered on-reserve <input type="radio"/> Registered off-reserve <input type="radio"/> Prefer not to say / Decline to Answer <input type="radio"/> Not applicable <input type="radio"/> Other, specify here: <input type="text"/>	
Level of education (Please select the highest level of education you completed) <input type="radio"/> Elementary incomplete <input type="radio"/> Elementary completed <input type="radio"/> Secondary incomplete <input type="radio"/> Secondary completed <input type="radio"/> University incomplete <input type="radio"/> University degree completed <input type="radio"/> Non-university post-secondary (College, CEGEP, trade school/apprenticeship, etc.) incomplete <input type="radio"/> Non-university post-secondary (College, CEGEP, trade school/apprenticeship, etc.) completed <input type="radio"/> Prefer not to say / Decline to Answer	
Rural vs Urban area Do you live in an urban or rural area? <input type="radio"/> Rural <input type="radio"/> Urban <input type="radio"/> Prefer not to say / Decline to Answer	Dependents Do you have dependents under 13 years old? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to Answer

Privacy Statement and Signature

I certify that my answers are true and complete to the best of my knowledge.

The **YMCASWO** and the program funder are committed to respecting the personal privacy of individuals who provide information on Y Opportunities application forms. The purpose of collecting the personal information requested in this form is to obtain your contact information and work-related data for statistical and program delivery improvement purposes. By signing this form on the space indicated below, you consent to the use of the personal information that you have provided for that purpose. Your personal information, as provided, will only be shared with the staff and partners of the YMCASWO, will not be disclosed without your consent.

Signature: _____ Date: _____



Please sign and complete this form, and return by email or in person to:

Y Opportunities – Windsor – London – Sarnia – Chatham

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London, ON N6C 0A8

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