**Personal Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIN: \_\_\_\_\_ -- \_\_\_\_\_\_\_ -- \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can Leave Messages with? ❏ Yes ❏ No

**Caseworker #1 Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Caseworker #2 Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eligibility**

|  |  |
| --- | --- |
| Are you a Canadian citizen, permanent resident or person who has been granted refugee status in Canada? | ❏ Yes ❏ No |
| Are you a resident of the Province of Nova Scotia? | ❏ Yes ❏ No |
| Are you out of school? | ❏ Yes ❏ No |
| Are you legally allowed to work in Canada? | ❏ Yes ❏ No |
| Are you able to commit to 24 hours per week? | ❏ Yes ❏ No |
| In receipt of Income Assistance | ❏ Yes ❏ No |
| Currently working with Employment Support Services or have been referred | ❏ Yes ❏ No |
| 19 years or older | ❏ Yes ❏ No |
| Female / Female Identifying | ❏ Yes ❏ No |

**Barriers to Employment**

|  |  |
| --- | --- |
| Have you completed high school? | ❏ Yes ❏ No |
| Do you have a disability? | ❏ Yes ❏ No |
| Are you have access to childcare? | ❏ Yes ❏ No |
| Do you have any health concerns? | ❏ Yes ❏ No |
| Do you have or have had difficulties with substance use? | ❏ Yes ❏ No |
| Do you have any language barriers? | ❏ Yes ❏ No |
| Do you have support from friends, family or community? | ❏ Yes ❏ No |
| Do you have a criminal record? | ❏ Yes ❏ No |
| Are you bondable? | ❏ Yes ❏ No |

**Short Answer Questions**

1. Why do you want to participate in the Step Ahead program?
2. How will the Step Ahead Program help you achieve your goals?
3. What do you want to learn from participating in the Step Ahead program?
4. What are your interests?
5. What are your strengths?
6. What challenges would you like to address?

**Work Experience**

Resume attached? ❏ Yes ❏ No (please complete this section)

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| --- | --- | --- | --- | --- |
| **Position** | **Company** | **Start Date** | **End Date** | **Reference** |
|  |  |  |  | ❏ Yes ❏ No |
|  |  |  |  | ❏ Yes ❏ No |
|  |  |  |  | ❏ Yes ❏ No |
|  |  |  |  | ❏ Yes ❏ No |

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| |  | | --- | | **COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION** | | | | | | | | |
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|  |  |  | |  | | --- | | The Nova Scotia Government Labour Market Programs provided by the Departments of Labour and Advanced Education, Community Services, and the Office of Immigration, are bound by the principles and requirements of the Nova Scotia Freedom of Information and Protection of Privacy (FOIPOP) Act. The FOIPOP Act defines the meaning of personal information; in addition to the information defined by the Act, other types of personal information may include: date of birth, Internet Protocol address, e-mail address, or other information collected by our programs or services. | | | | | |
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|  |  |  | |  | | --- | | The personal information collected will only be used and disclosed in keeping with the access and privacy provisions of the Nova Scotia FOIPOP Act and the Nova Scotia Personal Information International Disclosure Protection (PIIDPA) Act. Any personal information collected during the course of accessing our programs or using our services is used only for providing you with services; for example, for registration to our programs or for determining your eligibility to services etc. | | | | | |
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|  |  |  | |  | | --- | | We do not disclose your personal information to other organizations or individuals except as required to fulfill the purpose(s) of the program or service and only to the extent required or authorized by law. | | | | | |
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|  |  |  | |  | | --- | | Some functions within these programs or services are provided by service providers external to the department(s). All external service providers that provide you with services on our behalf must comply with our privacy requirements and must meet the applicable security, privacy and terms of use provisions. | | | | | |
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|  |  |  | |  | | --- | | Under the privacy provisions of the FOIPOP Act individuals have the right to correction of, and access to, their personal information. To obtain access or request correction of your personal information please contact the Information Access and Privacy Services unit by email at IAPServices@novascotia.ca or phone (902) 424-2985 or 1-844-424-2985. | | | | | |
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|  |  |  | |  | | --- | | **I acknowledge that I have read and understand the above information regarding the collection, use, and disclosure of my personal information:** | | | | | |
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|  |  | |  | | --- | | **Witness signature** | | |  |  |  | |  | | --- | | **Date** | |
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