

# Employment **OPTIONS** Emplo

## Request for Service

Date: Day / Month / Year		Social Insurance Number:	
Last Name:		First Name and Initials:	<input type="checkbox"/> Married or equivalent <input type="checkbox"/> Single <input type="checkbox"/> Prefer Not to Report
Email Address (must be personal email address):		<input type="checkbox"/> Female <input type="checkbox"/> X (Specify): _____ <input type="checkbox"/> Male <input type="checkbox"/> Prefer Not to Report	
Mailing Address:		Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Regular Mail <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone	
City:	Province:	Postal Code:	Number of dependents: _____ <input type="checkbox"/> Prefer Not to Report
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French	Date of Birth: Day / Month / Year		Home Phone: Cell Phone:
Select areas you may need assistance with:			
<input type="checkbox"/> Job Search / Resume Writing <input type="checkbox"/> ABE/High School Completion <input type="checkbox"/> Short Term Training (12 weeks or less) <i>Expected Start Date:</i> _____ <input type="checkbox"/> Post-Secondary/Skills Training <i>Expected Start Date:</i> _____ <input type="checkbox"/> Self-Employment <input type="checkbox"/> Career Counselling and Decision Making <input type="checkbox"/> OTHER _____		Please complete: 1. Are you currently in receipt of EI Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , when does your existing claim expire? _____ If <b>NO</b> , when did your last claim expire? _____ 2. Are you currently receiving Income Support from the Provincial Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Status			
<input type="checkbox"/> Unemployed (looking for work) <input type="checkbox"/> Self-Employed		<input type="checkbox"/> Employed: Approximate hours per week: _____ <input type="checkbox"/> Not in Labour Force (unemployed and not looking for work)	
Education (Check all that apply)			
<input type="checkbox"/> Less than High School <input type="checkbox"/> High School or GED <input type="checkbox"/> College Diploma or Certificate <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> University Diploma or Certificate <input type="checkbox"/> University Degree <input type="checkbox"/> Other			
Referral Source			
<input type="checkbox"/> Business Employers <input type="checkbox"/> Community Organizations <input type="checkbox"/> Immigration, Population Growth and Skills <input type="checkbox"/> Other Government Departments <input type="checkbox"/> Schools <input type="checkbox"/> Self-Referral			
Are you requesting service because the company or business you work for has closed or is expected to close? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of the company or business: _____			

**PLEASE NOTE:**

Your signed consent is required to process your request for service.  
Please complete the reverse of this page.



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## Consent - Collection, Use and Disclosure of Personal Information

**Collection:** Personal information provided with your intake form / application for funding is collected under authority of the **Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015), Employment Insurance Act, Income and Employment Support Act and Regulations**, and will only be used for the administration of the service or benefit for which you are applying or for a consistent purpose under section 69 of **ATIPPA, 2015**.

**Use:** The personal information collected will only be used and/or disclosed in accordance with **ATIPPA, 2015**. Such uses may include: determining services appropriate to the needs of the client, determining eligibility for programs and funding, ensuring compliance with funding agreement terms, case management, tracking progress during an agreement including post funding assessment of outcomes as per the information sharing agreement referenced between the Government of Canada and the Government of Newfoundland and Labrador funded by the Department of Immigration, Population Growth and Skills and to provide statistical information to agencies providing funding support to the services offered.

**Disclosure:** The personal information provided may be exchanged and released to any person, agency or government departments, such as Immigration, Population Growth and Skills; Children, Seniors and Social Development; and Health and Community Services, service provider organizations or training institution that is administering the program, service or benefit. This information may include: contact information, employment plan, eligibility for employment insurance benefits, marks, attendance and proof of financial payments to the training institution. The personal information provided may also be shared with the Government of Canada and the Canada Revenue Agency in keeping with the data-sharing provisions outlined in agreements between the Government of Newfoundland and Labrador and the Government of Canada.

**Access to Information and Protection of Privacy Act, 2015:** Under **ATIPPA, 2015** personal information is protected in accordance with section 64.(1); you have the right to access your personal information protected in accordance with section 8.(1); and you have the right to request the correction of your personal information protected in accordance with section 10.(1) if there has been an error or omission. You have the right to withdraw this consent at any time by contacting the Department of Immigration, Population Growth and Skills.

If you have any questions regarding how your personal information is collected or used, you may contact the ATIPP Coordinator of the Department of Immigration, Population Growth and Skills. A listing of all departmental coordinators and their contact information can be found at: <https://www.gov.nl.ca/atipp/coordinators/>

**Client Consent: I, (print name)** \_\_\_\_\_ acknowledge that I have read and understand the above information regarding the collection, use and disclosure of my personal information.

**Parent, Guardian or Trustee Consent: I, (print name)** \_\_\_\_\_ (Parent, Guardian or Trustee) acknowledge that I have read and understand the above information regarding the collection, use and disclosure of information regarding my dependent. Print name of dependent: \_\_\_\_\_.

**Note:** The above statement is completed by a parent, guardian or trustee if the client is **under the age of 18**.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Signature of Parent, Guardian or Trustee

\_\_\_\_\_  
Date (DD/MM/YYYY)

## CHECKLIST

- Ensure all sections of the Request for Service form have been completed
- Ensure your name has been printed in the Consent form and you have signed and dated the form.

Completed forms can be returned to Employment OPTIONS using any of the methods below:

### Email or Fax

	<u>Email</u>	<u>Fax</u>
St. John's	eostj@employmentnl.ca	(709) 758-0126 or (709) 753-5315
Grand Falls-Windsor	eogfw@employmentnl.ca	(709) 489-1182
Corner Brook	eocb@employmentnl.ca	(709) 634-4217

### Mail

To return your form by mail, please send to the Employment OPTIONS office in your area:

Employment OPTIONS  
29 Stavanger Dr.  
St. John's, NL A1A 5E8

Employment OPTIONS  
261 Kenmount Rd, PO Box 8304  
St. John's, NL A1B 3N7

Employment OPTIONS  
62 Hardy Ave, PO Box 67  
Grand Falls-Windsor, NL A2A 2J4

Employment OPTIONS  
Suite #201 Millbrook Mall  
2 Herald Ave.  
Corner Brook, NL A2H 4B5

**Note:** RFS forms that are incomplete or missing information may cause delays in processing.

## For More Information

Click on our website: [www.employmentnl.ca](http://www.employmentnl.ca)

Call the Employment OPTIONS office in your area:

St. John's	Tel: (709) 793-3534 or (709) 793-3240
Grand Falls-Windsor	Tel: (709) 358-0003
Corner Brook	Tel: (709) 289-3014

**Come in** to our office location in your area!