

Request for Service			Date: Day / Month / Year
Last Name:		First Name and Initials:	Social Insurance Number:
Email Address (must be personal email address):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Mailing Address:		Marital Status: <input type="checkbox"/> Married or equivalent <input type="checkbox"/> Single	
City:	Province:	Postal Code:	Number of dependents: _____
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French	Date of Birth: Day / Month / Year	Home Number: Cell Number:	
Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Regular Mail <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone			
Select areas you need assistance with: <input type="checkbox"/> Job Search <input type="checkbox"/> Resume Writing <input type="checkbox"/> Career Counselling and Decision Making <input type="checkbox"/> ABE/High School Completion <input type="checkbox"/> Short Term Training (<i>Less than 12 weeks</i>) <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"/> OTHER _____		Please complete: 1. Are you currently in receipt of EI Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , when does your existing claim expire? _____. If NO , 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"/> Employed <i>Approx. hrs per week:</i> _____ <input type="checkbox"/> Unemployed (looking for work) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Not in Labour Force (unemployed and not looking for work)			
Education <input type="checkbox"/> Less than High School <input type="checkbox"/> High School or GED <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> University Degree <input type="checkbox"/> University Diploma or Certificate <input type="checkbox"/> College Diploma or Certificate <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.



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 of Canada, 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, 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, and 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. Employment OPTIONS.

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: www.atipp.gov.nl.ca/info/coordinators.html.

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.

Spouse 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:

_____.

Signature of Client

Date (DD/MM/YYYY)

Signature of Spouse

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.
- Ensure the consent form has spousal names, signatures and dates, if applicable.

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 East Area	eostje@employmentnl.ca	(709) 758-0126
St. John's West Area	eostjw@employmentnl.ca	(709) 753-5315
Grand Falls-West Area	eogfw@employmentnl.ca	(709) 489-1182
Corner Brook Area	eocb@employmentnl.ca	(709) 634-4217

Mail

To return your form by mail, please send to either of these Employment OPTIONS offices:

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

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

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

For More Information

Click on our website: www.employmentnl.ca

Call the Employment OPTIONS office in your area:

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