

Office Use Only

Collected on:

Collected by:

Status: Draft Completed

Person Details

Title: Mr. Mrs. Ms. Miss

Last name:

Middle initial:

Service language?

English French

Birth date:

SIN:

First name:

Gender:

Male Female
 Other/X Prefer not to report

Marital status:

Common-Law Divorced
 Married Single
 Separated Widowed
 Annulled Marriage Other
 Prefer not to report

Mailing Address

Care of:

Street address:

City:

Country:

Province:

Postal code:

Civic Address (if different than mailing address)

Street address:

City:

Province:

Country:

Postal Code:

Home phone number:

Mobile phone number:

Email address:

Alias – Is there another name you are known by?

Referral Information

How did you hear about us?

- | | |
|--|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Search engine |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Friends or family (word of mouth) |
| <input type="checkbox"/> I've worked with NSSAL before | <input type="checkbox"/> Referred by another organization |
| <input type="checkbox"/> Other | |

Please specify:

What organization referred you?

Contact Name:

Contact phone number:

Eligibility Information

Do you currently reside in Nova Scotia?

Yes

No

What is your current status in Canada?

Canadian Citizen

Not Provided

Permanent Resident

Other:

Please specify:

Do you meet the NSSAL Programs Age Requirements (18+)?

Yes

No

Are you currently in school?

Yes

No

Are you sufficiently proficient in speaking / listening in the language of instruction to benefit fully in the NSSAL Program?

Yes

No

General Information

What language do you wish to correspond in?

English

French

What is your preferred correspondence method?

Email

Regular Post

Telephone

Not Provided

Emergency Contact Name:

Emergency Contact Phone Number:

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Do you consider yourself to be a member of any of the following designated groups?

Indigenous

- Yes No
 Prefer not to Report

Persons with Disability

- Yes No
 Prefer not to Report

Francophone

- Yes No
 Prefer not to Report

Acadian

- Yes No
 Prefer not to Report

African Nova Scotian

- Yes No
 Prefer not to Report

African Descent

- Yes No
 Prefer not to Report

Immigrant

- Yes No
 Prefer not to Report

If yes, what was your immigration year?

Visible Minority

- Yes No
 Prefer not to Report

Current Situation

What is your current employment status?

- | | |
|---|---|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Self Employed |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> About to be unemployed |
| <input type="checkbox"/> Not in the labour market | <input type="checkbox"/> Not Provided |

If you are employed, is your job unstable or insecure?

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to Report | |

How many dependents do you have?

Employment Insurance (EI) Benefit Information

Are you currently receiving Employment Insurance (EI) benefits?

- | | |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Not Provided | <input type="checkbox"/> Unknown |

Have you received Employment Insurance (EI) benefits within the last 60 months?

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to Report | |

Have you earned \$2,000 or more in at least 5 of the previous 10 years?

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Not Provided |

Service Participation

Why did you discontinue (leave) school?

- | | |
|---|---|
| <input type="checkbox"/> Life situation | <input type="checkbox"/> Young and did not realize how important it was |
| <input type="checkbox"/> Found it really difficult | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Other Please specify: <input type="text"/> | |

Have you taken any upgrading programs since you left school?

- | | |
|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Community Learning Organizations |
| <input type="checkbox"/> Adult High School | <input type="checkbox"/> NSCC |
| <input type="checkbox"/> Université Sainte-Anne | <input type="checkbox"/> Employment Training Centers |
| <input type="checkbox"/> Other Please specify: <input type="text"/> | |

Are there any other agencies assisting you with education and employment-related needs or planning?

- Yes No

If yes, which agency?

What is your long-term goal that you're hoping this program will help you achieve?

- | | |
|---|---|
| <input type="checkbox"/> Get a Job | <input type="checkbox"/> Get my High School diploma |
| <input type="checkbox"/> Get my GED | <input type="checkbox"/> Pursue Post Secondary |
| <input type="checkbox"/> Personal Development | <input type="checkbox"/> Community Engagement |
| <input type="checkbox"/> Enroll in a Trade | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Other Please specify: <input type="text"/> | |

How do you think NSSAL can help you achieve this goal?

- | | |
|---|--|
| <input type="checkbox"/> Prepare for the GED | <input type="checkbox"/> Obtain additional High School credits |
| <input type="checkbox"/> Obtain a High School Diploma | <input type="checkbox"/> Prepare for an entrance exam |
| <input type="checkbox"/> Improve reading/writing skills | <input type="checkbox"/> Improve math skills |
| <input type="checkbox"/> Improve digital skills | <input type="checkbox"/> Improve other essential skills |
| <input type="checkbox"/> Other | |

Please specify:

How many hours a week can you commit to attending class?

When are the most convenient times for you to participate in learning programs? (Check all that apply)

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Day Time | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Afternoons | |
| <input type="checkbox"/> Other | |

Please specify:

Would you be interested in participating in online and blended learning?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Do you have sufficient ability and access to technology and internet to participate in online learning?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Do you have access to transportation?

- | | |
|---------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Not Provided | |

Do you have any personal challenges that may interfere with your ability to attend class?

- | | |
|---|--|
| <input type="checkbox"/> No challenges | <input type="checkbox"/> Justice related restrictions |
| <input type="checkbox"/> Limited availability | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Dependent(s) they need to care for | <input type="checkbox"/> Transportation challenges |
| <input type="checkbox"/> Material support needs | <input type="checkbox"/> Mental health challenges |
| <input type="checkbox"/> Physical disability or health challenges | <input type="checkbox"/> Previous challenges with learning experiences |
| <input type="checkbox"/> Life situation challenges | |
| <input type="checkbox"/> Other | |

Please specify:

Education History

What is your highest education level?

- | | |
|---|--|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Junior High |
| <input type="checkbox"/> High School Incomplete | <input type="checkbox"/> High School Complete |
| <input type="checkbox"/> GED Completed | <input type="checkbox"/> College Incomplete |
| <input type="checkbox"/> College Complete | <input type="checkbox"/> University Incomplete |
| <input type="checkbox"/> University Degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> PhD (Doctorate) | |

Year:

Location:

Canada / USA Other

Province / State / Country

Education/Training/Licenses:

Source/Location:

Date started:

Last attended:

Result

- | | |
|--|--|
| <input type="checkbox"/> In Progress | <input type="checkbox"/> Incomplete |
| <input type="checkbox"/> Complete | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Degree | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> License – Current | <input type="checkbox"/> License – Expired |
| <input type="checkbox"/> Credential | |

COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION

The Nova Scotia Government Labour Market Programs provided by the Department of Labour, Skills and Immigration are bound by the principles and requirements of the Nova Scotia Freedom of Information and Protection of Privacy (FOIPOP) Act and the Adult Learning 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. The Adult Learning Act provides the framework for administrating programs to adult learners.

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, learning assessments or for determining your eligibility to services etc.

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. Canadian Federal funding requires the collection of such information as Social Insurance Number and employment status.

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.

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.

I acknowledge that I have read and understand the above information regarding the collection, use, and disclosure of my personal information:

Client name [print]

Client signature

Date

Witness signature

Date