

Workplace Innovation & Productivity Skills Incentive (WIPSI) NOTIFICATION FORM FOR PARTICIPANTS

THE COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION

The Nova Scotia Department of Labour, Skills and Immigration, Workplace Innovation & Productivity Skills Incentive (WIPSI), requires participants of its training programs to provide personal information such as: name, address, date of birth, and employment status.

The "Contract Holder" hosting WIPSI training is required to collect and input your personal information into a secure on-line system; this information can then be accessed by select, authorized provincial government employees. The personal information collected will be used solely to evaluate the impact of WIPSI programs as part of our workforce development efforts.

The "Contract Holder" and provincial governments are bound by law to keep your information private and confidential and can only use your information for the purpose stated in this notification (i.e. for evaluating the outcomes, impact and effectiveness of the program).

The Freedom of Information and Protection of Privacy Act (FOIPOP), SNS 1993 c 5 restricts how the provincial government may collect, use and disclose personal information and places similar obligations the host organization. The purpose of these laws is to protect the privacy of individuals with respect to personal information held by a government institution and provide individuals with a right to access that information.

We do not disclose your personal information to other organizations or individuals except as required to fulfill the purpose(s) of the program and only to the extent required or authorized by law. We also require that host organizations comply with our privacy requirements and must meet the applicable security, privacy and terms of use provisions.

If you have any questions about the obligations of the host organization and/or the provincial government to keep your personal information private and secure, please contact WIPSI@novascotia.ca.

NOVA SCOTIA WIPSI Service Registration Intake Form

Program Name:

Business Sector (NAIC)

Employer Name:

Instructor Name:				Agreement Number:			
Persona	l Informatio	on:					
Last name: First N				lame:		Middle initial:	
Gender:	Male	Female	Other/X	Prefer not	to report		
Birth date (dd/mm/yyyy):				Phone number:			
Email ad	dress:						
Address							
City:				Province	Province:		
Country:				Postal co	Postal code:		
Addition	nal Informati	ion:					
Designated Group - Aboriginal Identity			Yes	No	Prefer not to report		
Designated Group – Immigrant			Yes	No	Prefer not to report		
Designated Group - Immigration Year (in what year)							
Designated Group - Persons with Disabilities				Yes	No	Prefer not to report	
Designated Group - African Nova Scotian				Yes	No	Prefer not to report	
Designated Group - Francophone / Acadian				Yes	No	Prefer not to report	
Designated Group - Youth				Yes	No	Prefer not to report	
Designated Group - Visible Minority			Yes	No	Prefer not to report		
Employ	ment Status	(Choose One)	:				
	Employed			Not emp	Not employed		
Self Employed			Not Repo	Not Reported			
Education	on Level (Ch	oose One):					
High School Diploma				Universit	University Incomplete		
High School Equivalent			Universit	University Degree			
Trade/Apprenticeship Incomplete			Other	Other			
Trade/Apprenticeship Complete				Prefer no	Prefer not to report		
Particip	ant's Employ	yer:					

WIPSI Sept 2025