

Participant Information Template (PIT) – Stream 3 Activities

Surname (as appears on Social Insurance Number [SIN])		Given Name and Initials (as appears on SIN)	SIN (000 000 000)
Date of birth (YYYY-MM-DD)	Email Address		Telephone Number
Street/Mailing Address			
City	Province	Postal Code	

Residency Status

Canadian Citizen
 Permanent Resident
 Refugee under the *Immigration and Refugee Protection Act*

Severity of the disability

Mild (causes restrictions in the ability to perform some daily tasks)
 Moderate (causes restrictions in the ability to perform a lot of daily tasks)

Severe (causes restrictions in the ability to perform most daily tasks)
 Prefer not to say/decline to answer

Type and Permanency of Disability

Temporary: a disability where there is a reasonable chance for recovery and is not expected to remain throughout one's lifetime.

Permanent: a life-long disability, where there is no reasonable chance for recovery.

Type of Disability	Permanency of Disability
Agility <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to answer
Hearing <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to answer
Mental Health <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to answer
Visual <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to answer
Intellectual <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to answer
Developmental <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to answer
Learning <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to answer
Motor Skills <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to answer
Speaking <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to answer
Episodic (not mental health related) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to answer
Substance Use Disorder <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say / Decline to answer	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to answer
Other(s), specify here _____	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> Prefer not to say / Decline to answer

How many years of combined work experience does you have?

0-12 months
 1-5 years
 6-10 years
 More than 10 years

<p>Current Employment status</p> <p> <input type="radio"/> Casual <input type="radio"/> Permanent <input type="radio"/> Term </p>	<p>How many hours a week do you currently work?</p> <p> <input type="radio"/> More than 22 hours <input type="radio"/> 15 – 22 hours <input type="radio"/> Less than 15 hours </p>
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Current position level

Entry
 Middle
 Manager/Supervisor
 Senior management

Other, specify here: _____

Size of the business employed in /self-employed (if applicable)

Small (1-100 employees)
 Medium (101-499 employees)
 Large (500+ employees)
 Not applicable

Industry Sector of Business/Organization/Service Operation (if applicable)

Accommodation/Food services
 Agriculture
 Business
 Construction
 Education

Finance/Insurance/Real estate
 Forestry/Mining/Oil/Gas/Fishing
 Health care
 Manufacturing
 Public administration

Recreation
 Research
 Retail
 Trade
 Transportation
 Utilities
 Not applicable

Other(s), specify here: _____

Type of Employer you are employed in or the Business operation (if applicable)

Para-public organizations (i.e., hospitals and universities/colleges)
 Private for profit
 Private not-for-profit

Public (including municipal, provincial, provincial crown)
 Other, specify here: _____

<p>Information on Employment Equity</p> <p>Gender</p> <p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender </p> <p> <input type="radio"/> Prefer not to say/Decline to answer </p>	<p>New Immigrant (in Canada for less than five (5) years)</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say/Decline to answer </p>
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Member of Visible Minority

Yes
 No
 Prefer not to say/Decline to answer

Visible Minority Group (if applicable)

Arab
 Black
 Chinese
 Filipino
 Japanese
 Korean
 Latin American

South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
 Southeast Asian (e.g., Cambodian, Laotian, Thai, Vietnamese, etc.)
 West Asian (e.g., Afghan, Iranian, etc.)

Prefer not to say/Decline to answer
 Not applicable
 Other, specify here: _____

Indigenous Group

Inuit
 Metis
 Non status
 Registered on-reserve
 Registered off-reserve

Prefer not to say/Decline to answer
 Not applicable
 Other; specify here: _____

Level of education (Please select the highest level of education you completed)

- Elementary incomplete Elementary completed Secondary incomplete Secondary completed University incomplete University degree completed
- Non-university post-secondary (College, CEGEP, trade school/apprenticeship, etc.) incomplete Non-university post-secondary (College, CEGEP, trade school/apprenticeship, etc.) completed
- Prefer not to say/Decline to answer

Rural vs Urban area

Do you live in an urban or rural area?

- Rural Urban
- Prefer not to say/Decline to answer

Dependents

Do you have dependents under 13 years old?

- Yes No
- Prefer not to say/Decline to answer

Instructions

Participant Information Template (PIT)

Purpose of the PIT

As a Contribution Recipient (CR) the PIT is provided to you by your assigned Grants and Contribution Practitioner (GCP) once your funding agreement is signed. The PIT can be used to collect the information needed to complete the Participant Information Form (PIF). You do not have to use this template. However, you must follow the conditions set out in Schedule C, Clause 7 of your Contribution Agreement.

Though you are not required to use the PIT, it is highly recommended that you do as it contains clear directions on how to provide all the required personal participant information listed in Schedule C

You must make sure you include notice to participants concerning their personal information according to the requirements of your relevant provincial/territorial jurisdiction regarding their:

- collection
- use
- disclosure

It is the Contribution Recipient's responsibility to ensure that the collection, use, disclosure, and disposal of participants' personal information complies with the requirements related to the collection, use, disclosure, and disposal of personal information applicable to them in their respective jurisdictions.