

Participant Information Template (PIT) – Stream 1 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

Employment Status prior to OF participation

- Not Employed: Looking for work
 Not Employed: Not looking for work
 Student
 Prefer not to say/Decline to answer

Employability Barrier(s)

In addition to your disability, are you currently experiencing any type of barrier(s) that prevent you from participating in the program, returning to school or obtaining employment?

- Yes
 No
 Prefer not to say/Decline to answer

If yes, which type of barrier(s) are you currently experiencing? (Check all that apply)

- Addiction
 Childcare
 Children with disability
 Housing
 Social Skills
 Transportation
 Prefer not to say/Decline to answer
 Other(s), specify here: _____

Information on Employment Equity**Gender**

- Male
 Female
 Another gender
 Prefer not to say/Decline to answer

New Immigrant (in Canada for less than five (5) years)

- Yes
 No
 Prefer not to say/Decline to answer

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