



FIRST NATION AND INUIT YOUTH EMPLOYMENT STRATEGY YOUTH EVALUATION

Privacy Act Statement

The information you provide in this document is collected under the authority of *Department of Indian Affairs and Northern Development Act*, R.S.C., 1985, c. 1-6, s.4. on elementary and secondary education for the purpose of delivering the First Nations and Inuit Youth Employment Strategy programs and services. Information on individuals is used by Aboriginal Affairs and Northern Development Canada First Nations and Inuit Youth Employment Strategy Program employees who need to know the information in order to respond to your request and/or the program requirements. We only share the information you give us with Human Resources & Skills Development Canada. The personal information will be kept for a period of 5 years and will then be transferred to Library and Archives Canada. Individuals have the right to the protection of and access to their personal information under the *Privacy Act* (<http://laws-lois.justice.gc.ca/eng/acts/P-21/index.html>). The information collected is described under the Personal Information Bank AANDC PPU 604 which is detailed at www.infosource.gc.ca.

Who is filling in this form?

- Youth who received the placement Program Administrator

Work Placement Profile

Type of Work Placement

- ICT Work Placement Mentored Work Placement Co-operative Education Placement Summer Work Placement

Job Title	Start Date of Placement (YYYYMMDD)	End Date of Placement (YYYYMMDD)
-----------	------------------------------------	----------------------------------

Employer Name

Did you complete your placement? <input type="radio"/> Fully <input type="radio"/> Partially	If you did not complete your placement, indicate why <input type="radio"/> Found another job <input type="radio"/> Family responsibilities <input type="radio"/> Moved <input type="radio"/> Did not like the work placement <input type="radio"/> Unknown <input type="radio"/> Left school <input type="radio"/> Returned to school <input type="radio"/> Other	How many hours in total did you work?
---	--	---------------------------------------

Job Classification

Was the job located on reserve?

IT, technology and communications

- Yes No



Youth Contact Information

Primary Contact Information

Given Name		Family Name		Title/Position
Telephone No.	Extension No.	Fax No.	Email Address (if available)	

Mailing Address

Number/Street/Apartment/P.O. Box

City/Town	Province or Territory	Country Canada	Postal Code
-----------	-----------------------	--------------------------	-------------

Street Address Same as Mailing Address

Number/Street/Apartment/P.O. Box

City/Town	Province or Territory	Country Canada	Postal Code
-----------	-----------------------	--------------------------	-------------

Do you want to specify a secondary contact? Yes No



Personal Profile

Official Language

- English
- French

Gender

- Female
- Male

Date of Birth (YYYYMMDD)

Do you have a disability?

- Yes
- No

Highest Level of Education Completed

- Grade 8 (Secondary II) or less
- Some college
- Bachelor's
- Between Grade 9 and 12 (Secondary III and V)
- College diploma
- Some university at the master's or doctorate level
- High School
- Certificate
- Master's
- University/College Entrance Preparation
- Some university at the bachelor's level
- Doctorate

What was your employment status at the start of the program?

- Under-employed
- Unemployed

In the beginning of the work placement were you in receipt of employment insurance?

- Yes
- No

What was your goal at the start of your placement?

- Become employed
- Become self-employed
- Return to school

Declaration

The information provided is accurate to the best of my knowledge.

Given Name	Family Name	Title	Date (YYYYMMDD)