**participant And rEFERRING professionnal Information**

Please fill out sections 1 and 2

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| **Section 1 – Participant Information** | | | | | | | | | |
| **SIN:** | | **Family Name:** | | | | | | | | **First Name:** | | | |
| **Date of Birth:** YYYY/MM/DD | | | **Sex:** Select | | | | **Language Spoken:** Select | | | | | **Region**: Select | |
| **Address Street App. City Postal Code** | | | | | | | | | | | | | |
| **Phone Number** | | | **Secondary Phone Number** | | | | | **Email** | | | | | |
| **Current Situation** | | | | | | | | | | | | | |
| Unemployed | | | In School Number hours/week:  Program and Level (in progress): | | | | | | | | | Civil Status: Select | |
| Employed  Number hours/week: | | | Single Parent: Select | |
| **Status** | | | | | | | | | | | | | |
| Birthplace: Select  Canadian Citizen:  Yes  No  Immigration Status: Select | | | Country:  Arrival Date: | | | | | | Visible Minority**:**  Yes  No | | | First Nation:  Yes Select  No | |
| **Employment Limitation(s)**  Yes  No | | | | | | | | | | | | | |
| Auditory | Autism - PDD | | | | Mental Health | | | Intellectual | | | | ADHD | |
| Motor | Organic | | | | Visual | | | Speech | | | | Other: | |
| **Education** | | | | | | | | | | | | | |
| **Level**: Select | | | | Level Completed: Select | | | | | | | | Field: | |
| **Type of Support** | | | | | | | | | | | | | |
| Employment Insurance | | | None | | | Private Insurance | | | | | Governmental  Specify: | | Other  Specify: |
| Have you worked in the past 52 weeks?   Yes  No If yes, how many hours?: | | | | | | | | | | | | | |
| Date when you last worked:Select | | | | | | | | | | | | | |
| Are you currently enrolled in the ***Aim for Employment Program*** by the Ministère du Travail, de l’Emploi et de la Solidarité sociale?  Yes  No | | | | | | | | | | | | | |
| I read the ***Consent to disclosure of information between the Ministère du Travail, de l'Emploi et de la Solidarité sociale and Revenu Québec*** form and I consent to the exchange of personal information between the MTESS and Revenu Québec for possible participation in a SPHERE program. – Consent to disclosure of:  Yes  No Date: YYYY/MM/DD | | | | | | | | | | | | | |

**Personal Information Protection**

I have been informed that the information above is collected to determine eligibility for available programs, to meet statistical needs and other services managed by SPHERE.  Yes  No

I authorize SPHERE to share this information with the *ministère de l’Emploi et de la Solidarité sociale* for the evaluation of the program(s).  Yes  No

I authorize SPHERE, as part of this project, to use the information or any other useful data from any stakeholder relevant to the completion of my intervention plan. SPHERE is committed to ensuring the confidentiality of the information collected on this form.

Yes  No

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| --- | --- | --- |
| **Signature of Participant** |  | **Date** |
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| **Section 2 – Referring Professional Information** | | |
| **After verifying your eligibility, your Project Officer will contact you with the results. The maximum processing time is 10 days. Please note: eligibility for SPHERE services does not constitute project acceptance. It is only upon final and written funding approval by your Project Officer that a positive response can be given to a participant.** | | | |
| **Name** | **Telephone** | **Email** | |

Une image contenant texte, capture d’écran, Police, nombre

Description générée automatiquement