Employability Assistance for People With Disabilities Participant Closure Form

1) Closure Date (yyyy/mm/dd)	2) EAPD Number:		
3.1) Last Name:			
3.2) First Name:			
4) Date of Birth (yyyy/mm/dd)			
5.1) Address:	5.2) City/Municipality:		
5.3) Postal Code: 5.4) Telephone: ()		
5.5) Email:			
7) Reason(s) for Incomplete Vocational Plan (Select ALL that apply O Disability related issues O Deceased O Incarcerated O Ineligible for funding O Medical reasons O Moved/relocated O Referred to other a O Vocational plan no O Voluntary withdraw	sues al goal independently agency/program/service at supported		
O Not vocationally ready			
8) Primary source of income at closure (ONE response only) O Employment O Employment & Income Assistance O Band Income Assistance O Employment Insura	Insurance (WCB, MPI, Private)Pension (CPP, CPP-Disability, Private)Other		
9) Did the participant earn any credentials, certificates, diplomas or de (<i>If 'No,' proceed to Q 10</i>)	egrees during participation in EAPD? O Yes O No		
9.1) If 'Yes,' select ALL that apply: O High School Diploma/Equivalent Mature High School Diploma Modified High School Diploma College/Vocational Certificate College/Vocational Diploma Industry/Occupation Certificate (First Aid, food safety, etc.) Proprietary/Firm Issued Certificate	 Journeyperson Certificate Red Seal Certificate University Certificate/Diploma (not a formal degree) Bachelor's Degree Master's Degree Doctorate Degree 		







10) Services were provide	ed in: O English O French	Other	
11) Services and supports	s provided (Select ALL that a	apply) OR O No service	es were provided
,		Skill Development:	
AssessmentCounselling/CaseDisability-related	Management equipment/supports nployment resources ance cement/retention O A O A O B O B O C O C O C	Apprenticeship Literacy or other essential statements of the respect of the skills? O Yes O Notanguage training or adult Short-term training (First-Adocupational skills training	eracy or other essential basic education
	00	Other L	
 3) Work Experience: Job creation partnership (work experience proje Self-employment assistance Targeted earnings supplement (financial incenti Wage Subsidies/Training on the job 		·	The National Occupational Classification (NOC) are nationally accepted 4 digit reference codes of occupations in Canada. The complete lis of NOC codes is available on the Employment and Social Development Canada website at: http://noc.esdc.gc.ca/English/home.aspx
 Employed Self-employed In further educati Continuing with a 	on/training O I unother service provider	Unemployed - Looking for Unemployed - Not looking Unknown all employment at closure	
A) Type of Job	B) Average hours/week	C) Hourly rate of pa	y D) NOC code
○ 1) Permanent	○ 1 - 14 hours/week○ 15 - 24 hours/week○ 25 - 29 hours/week○ 30+ hours/week	○ Minimum wage - \$12.○ \$12.01 - \$15.00/hour○ \$15.01 - \$18.00/hour○ \$18.01/hour or more	00/hour
○ 2) Temporary	○ 1 - 14 hours/week○ 15 - 24 hours/week○ 25 - 29 hours/week○ 30+ hours/week	○ Minimum wage - \$12.○ \$12.01 - \$15.00/hour○ \$15.01 - \$18.00/hour○ \$18.01/hour or more	00/hour
○ 3) Casual/Seasonal	○ 1 - 14 hours/week○ 15 - 24 hours/week○ 25 - 29 hours/week○ 30+ hours/week	 ○ Minimum wage - \$12.00/hour ○ \$12.01 - \$15.00/hour ○ \$15.01 - \$18.00/hour ○ \$18.01/hour or more 	
14.1) Vocational Counse	llor: Code:	: 14.2)	Telephone: ()

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