



STUDENT INFORMATION AND CONSENT FORM

FIRST AND LAST NAME:

PREFERRED FIRST NAME:

EMAIL ADDRESS:

BIRTH YEAR:

PHONE NUMBER:

GENDER IDENTITY: Man Woman Non-binary

Prefer to self-describe:

Prefer not to respond

CITY OF PERMANENT ADDRESS:

PROVINCE/TERRITORY OF STUDENT PERMANENT ADDRESS:

POST-SECONDARY INSTITUTION:

CITY OF POST-SECONDARY INSTITUTION:

POVINCE/TERRITORY OF POST-SECONDARY INSTITUTION:

PROGRAM OF STUDY:

YEAR OF STUDY: Year 1 Year 2 Year 3 Year 4 Year 5
 Year 6 Year 7

TYPE OF CREDENTIAL TO BE RECIEVED:

College/CÉGEP Certificate/Diploma University Certificate/Diploma
Bachelor's Degree Master's Degree Doctorate Other

STUDENT NUMBER:

Name of Work Placement Coordinator at the Post-Secondary Institution:

Email of Work Placement Coordinator at the Post-Secondary Institution:

Phone number of Work Placement Coordinator at the Post-Secondary Institution:



If completing a “*Work Experience” WIL type related to your field of study (*An alternative to traditional Co-ops and Internships) Will you be returning to school next term?

Yes

No

Please indicate the date you will be resuming your post-secondary studies (dd/mm/yyyy):

Are you enrolled as a full time or part-time student at a post-secondary education institution?

Yes, I am a full-time student

Yes, I am a part-time student

No, I am not currently enrolled

Are you legally entitled to work in Canada in accordance with relevant provincial or territorial legislation and regulations?

Yes

No

Are you a Canadian citizen, permanent resident, or persons to whom refugee protection has been conferred?

Yes

No

Are you an international student?

Yes

No

DO YOU SELF-IDENTIFY WITH ANY OF THE FOLLOWING?

FIRST-YEAR STUDENT: Yes No Decline to Answer

INDIGENOUS STUDENT: Yes No Decline to Answer

NEWCOMER TO CANADA*: Yes No Decline to Answer

**The WILWorks Program defines Newcomer to Canada as landed immigrants who came to Canada within the last five years)*

PERSON WITH DISABILITY Yes No Decline to Answer

WOMEN IN STEM^: Yes No Decline to Answer

^STEM = Science, Technology, Engineering, Math

DO YOU IDENTIFY WITH ANY OF THE FOLLOWING?

If yes, please identify the specific group(s):

Black

Chinese

Filipino

Arab

Latin American

Korean

South Asian (e.g., East Indian, Pakistani, Sri Lankan)

West Asian (e.g., Iranian, Afghan)

Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)

Japanese

Other

Prefer Not To Disclose

I do not self-identify as belonging to any of the groups listed.



I attest that all information I have submitted on this Student Information and Consent Form for Excellence In Manufacturing Consortium's WILWorks Program is true and correct to the best of my knowledge and I give my consent for Excellence In Manufacturing to release the information contained in this form regarding my participation in the WILWorks program to Employment and Social Development Canada (ESDC). I acknowledge that the information is collected and administered in accordance with the Department of Employment and Social Development Act, Privacy Act and applicable laws, and that it may be used to determine my eligibility for the WILWorks program and provided to ESDC for the evaluation and accountability of the WILWorks program. I may be contacted in the future by ESDC, regarding my participation in the program or for a longitudinal study administered by Statistics Canada. I agree to be contacted by Excellence In Manufacturing Consortium during and after the work integrated learning placement to determine and document the outcome.

I Agree (Please Click Here To Agree Or Print And Sign Below)

STUDENT'S SIGNATURE:

DATE:

NAME:

WORK PLACEMENT COMPANY:

PLACEMENT JOB TITLE:

Information on this form is confidential and will only be used as required by the program.