



VOLUNTARY PARTICIPATION PLAN

The personal information requested on this form is collected under the authority of the *Employment and Assistance Act* or *Employment and Assistance for Persons With Disabilities Act* and will be used for the purpose of administering employment and employability program referrals and participation. The collection, use and disclosure of personal information are subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Specific questions about this form may be directed to your local Employment and Assistance Office.

The Voluntary Participation Plan (VPP) outlines the activities intended to result in employment or increased employability for clients who currently have no employment-related obligations. The VPP has specific timelines for activities and will be reviewed regularly to track your progress. Any changes to your plan will require an amendment agreed to by yourself and the ministry. Please advise the ministry if you are unable to follow through with any of the activities in the plan, so that another person may have the opportunity to participate in your place.

1. PERSONAL INFORMATION

SURNAME	FIRST NAME	INITIALS
SOCIAL INSURANCE NUMBER	HOME TELEPHONE	

2. AMENDED PLAN (if applicable)

REASON FOR AMENDMENT	AMENDMENT NO.
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3. TERM OF VOLUNTARY PARTICIPATION PLAN

START DATE (YYYY MMM DD)	END DATE (YYYY MMM DD)	REVIEW DATE (YYYY MMM DD)
NAME OF PROGRAM / SERVICE		
NAME OF CONTRACTOR (if applicable)		TELEPHONE

4. ACTIVITIES / REFERRAL (please specify details):

REFERRAL DATE (YYYY MMM DD)

I agree to participate in the activities specified in section 4 of this form to the best of my abilities and understand that the Ministry may set conditions regarding my use of, and access to, programs and services.
I understand and consent to the Ministry of Social Development and Social Innovation disclosing my Voluntary Participation Plan to the Contractor specified herein. Further, I consent to this Contractor disclosing evaluations of my participation, progress and outcome to the Ministry of Social Development and Social Innovation during the term of my Voluntary Participation Plan.

CLIENT SIGNATURE	DATE (YYYY MMM DD)
REFERRING WORKER	PLEASE PRINT
	OFFICE LOCATION