



SR Number :

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your local Employment and Assistance Office.

1. Client Information

Last Name	First Name	Initials	Social Insurance Number	Personal ID Number
File Number	Home Phone	Message Number		

2. Reporting Period

Report Number: _____

From (YYYY MM DD) _____

To (YYYY MM DD) _____

3. Employment Plan Activities

Program Name:

Employment Goal:

Activities Completed:

Results (Outcome) of Activities:

Next Steps Planned:

4. Declaration and Notification

I declare that all of the information provided on this form to the Ministry of Social Development and Poverty Reduction is true and complete. I understand that the Ministry of Social Development and Poverty Reduction may verify the information supplied in determining my continuing eligibility for assistance under the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*.

Client Signature	Date (YYYY MMM DD)
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5. Where Activity Report prepared by Service Provider

Name of Service Provider Contact:	Signature	Date Signed (YYYY MM DD)
Telephone Number	Fax Number	E-Mail Address