



BRIDGING EMPLOYMENT PROGRAM ELIGIBILITY APPLICATION AND CONSENT

The personal information requested on this form is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of determining eligibility and administering the Bridging Employment Program. If you have any questions about the collection, use or disclosure of this information, please contact the Bridging Employment Program Coordinator at (250) 356-6673 or by email at HSDBEP@gov.bc.ca

COMPLETION INSTRUCTIONS

Bridging Employment Program (BEP) service providers are required to complete this form together with potential BEP participants and forward it to their designated Regional Ministry contact.

SECTION 1 - GENERAL APPLICANT INFORMATION

Surname (legal name)	Given Name(s) - in full	Initials
Address	City / Town	Postal Code
Birth Date (YYYY MMM DD)	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

SECTION 2 - APPLICANT DETAILS (Answer all of the following questions)

Has the applicant experienced violence and / or abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	In addition to violence and/or abuse, has the applicant experienced barriers to employment due to cultural, linguistic or immigration issues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the applicant in receipt of income assistance or disability assistance under the <i>Employment and Assistance Act</i> or the <i>Employment and Assistance for Persons with Disabilities Act</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	Is the applicant in the receipt of funding under a Youth Agreement with the Ministry of Children and Family Development (MCFD)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant currently:			Has the applicant signed a Voluntary Participation Plan (form SD3269)?	<input type="checkbox"/>	<input type="checkbox"/>
(a) Employed?	<input type="checkbox"/>	<input type="checkbox"/>	- If NO*, is it because the applicant has self-declared as a ministry client with employment obligations?		
(b) Enrolled in post secondary education or training?	<input type="checkbox"/>	<input type="checkbox"/>			
(c) Enrolled in Secondary education (MCFD youth only)	<input type="checkbox"/>	<input type="checkbox"/>	- If YES, enter the "Plan Date" from VPP: _____		YYYY MMM DD
(d) Registered in testing session for the GED certificate?	<input type="checkbox"/>	<input type="checkbox"/>	(*Ministry may request further clarification from service provider)		

SECTION 3 - VOLUNTARY SELF-IDENTIFICATION (Indicate applicant's self-declaration response on all of the following with an "X")

Aboriginal: (a "yes" response may be provided more than once where applicable)	YES	NO	NO RESPONSE	Persons with Disability: In addition to violence and/or abuse, is applicant's disability a significant barrier to employment (i.e. affects applicant's ability to perform daily living activities)?	YES	NO	NO RESPONSE
(a) First Nations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Metis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Inuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multicultural: (a "yes" response may be provided more than once where applicable)	YES	NO	NO RESPONSE	Persons with Disability: In addition to violence and/or abuse, is applicant's disability a significant barrier to employment (i.e. affects applicant's ability to perform daily living activities)?	YES	NO	NO RESPONSE
(a) White?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) S.E. Asian? (Vietnamese, Cambodian, Malaysian, Laotian, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Chinese?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Arab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) South Asian? (E. Indian, Pakistani, Sri Lankan, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) West Asian? (Iranian, Afghan, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Black?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(j) Korean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(k) Japanese?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				(l) Other?(specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO	NO RESPONSE				
Is the applicant a former sex trade worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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SECTION 4 - YOUTH CONSENT

One of the eligibility criteria in the Former Sex Trade Worker/Sexually Exploited Youth BEP contract category is that the youth have a valid and subsisting Youth Agreement with the MCFD. This information will require verification by MCFD. If you are accepted into the BEP, the Ministry will disclose to MCFD details concerning your status and progress in the program. In order to disclose this information about you, your consent is required.

I, hereby consent to:

- (a) the MCFD providing verification to the Ministry that I have entered into a Youth Agreement; and
- (b) the Ministry providing to the MCFD confirmation of my eligibility for the BEP and information about my program completion, success at obtaining employment, entering an education program, or entering another employment related program.

Signature of Applicant	Print Name	Date Signed (YYYY MMM DD)
Signature of Witness	Print Name	Date Signed (YYYY MMM DD)

SECTION 5 - CONSENT FOR ALL APPLICANTS

MINISTRY USE ONLY		
Applicant Eligible? <input type="checkbox"/> YES <input type="checkbox"/> NO If no indicate reason: _____		
I acknowledge that the Ministry and _____ may need to collect, use and disclose my personal <small>(Service Provider)</small>		
information for the following purposes:		
(a) to determine whether I am eligible for the BEP; (b) to determine what BEP services are appropriate for me; (c) to provide BEP services to me; (d) to determine how well the program and services are addressing my and other participants needs; and (e) to assist in creating or modifying the program and services to meet my and other participants needs.		
I consent to the collection, use and disclosure of my personal information by the Ministry and for the purposes outlined in items (a) through (e) above. _____ <small>(Service Provider)</small>		
Signature of Applicant	Print Name	Date Signed (YYYY MMM DD)
Signature of Witness	Print Name	Date Signed (YYYY MMM DD)
Employment and Assistance Office Stamp	Ministry Caseworker (Print Name)	
	Signature of Case Worker	
	Date Signed (YYYY MMM DD)	
	Date Decision Faxed to Service Provider (YYYY MMM DD)	