

VOLUNTARY PARTICIPATION PLAN (Bridging Employment Program)

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 SDBEP@gov.bc.ca

The Bridging Employment Program Voluntary Participation Plan (VPP) outlines the activities intended to result in employment or increased employability for participants 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. TERMS OF VOLUNTARY PARTICIPATION PLAN

START DATE: (YYYY/MM/DD)	END DATE (YYYY/MM/DD)	REVIEW DATE: (YYYY/MM/DD)
NAME OF PROGRAM/SERVICE:		
NAME OF SERVICE PROVIDER:	TELEPHONE #:	

4. ACTIVITIES/REFERRAL:

	REFERRAL DATE: (YYYY/MM/DD)
<ul style="list-style-type: none"> Attend regularly as specified by the Bridging Employment Program Service Provider. Participate in the program fully and to the best of my ability. Attend review appointments as required by the ministry caseworker and/or Service Provider. Notify the Service Provider if, for any reason, I am unable to attend. 	
Details:	

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 disclosing my Voluntary Participation Plan to the Service Provider specified herein. Further, I consent to this Service Provider disclosing evaluations of my participation, progress and outcome to the Ministry of Social Development during the term of my Voluntary Participation Plan.

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