

PRIVACY NOTICE AND CONSENT FORM

Training and Employment Services (TES), within Government of Manitoba's Economic Development, Investment, Trade and Natural Resources works with employers, service providers, educational institutions, municipal, provincial and federal government departments, and agencies to provide a broad range of training and employment services to eligible participants ("services").

PRIVACY NOTICE

SECTION 1: WHY TES NEEDS TO COLLECT AND USE YOUR INFORMATION ("PURPOSES")

TES needs to collect and use your personal information and personal health information, if applicable, for the following purposes:

- to determine and verify if you are eligible to participate in TES services,
- to assess your training and employment needs,
- to monitor and record your enrolment, participation and progress in TES services,
- to administer and advertise TES services,
- to identify and direct you to appropriate TES services, and
- for research and planning, reporting, monitoring, evaluation and accountability purposes.

SECTION 2: OUR LEGAL AUTHORITY TO COLLECT YOUR INFORMATION

Your personal information and personal health information, if applicable, is necessary to provide you with TES services, and to carry out the activities of TES. Your personal information is collected under the authority of clause 36(1)(b) of The Freedom of Information and Protection of Privacy Act of Manitoba (FIPPA) and your personal health information, if applicable, is collected under the authority of subsection 13(1) of The Personal Health Information Act of Manitoba (PHIA). TES limits the personal information and personal health information it collects about you to the minimum amount necessary for the purposes described in section 1.

Your personal information is protected by FIPPA and your personal health information is protected by PHIA. TES cannot use or disclose your information for other purposes unless you consent or we are authorized to do so by FIPPA or PHIA.

SECTION 3: WHOM DO I CONTACT IF I HAVE QUESTIONS?

If you have any questions about the collection, use or disclosure of your personal information and personal health information, if applicable, please contact TES at (204) 945-0575 or toll free at 1-866-332-5077.

CONSENTS

In entering your personal information and personal health information, if applicable, into TES's case management system, or authorizing TES, a service provider working for TES, or another person to do so for you, you are consenting to TES's collection, use and disclosure of your personal information and personal health information, if applicable, as outlined in this document.

SECTION 4: INFORMATION I AGREE TO PROVIDE TO TES

I agree to provide TES with the following personal information and personal health information, if applicable, about me. I understand that this information is necessary for me to participate in TES services and to carry out the purposes described above in section 1:

- social insurance number,
- full name, telephone number, address, e-mail address,
- birth date, gender identity,
- education, job skills, experience and credentials,
- health conditions or disabilities that might affect my training or employment,
- details about my progress in TES services,
- training or employment testing and reports,
- employment status: employed/self employed/not employed,
- employment plans, work experience, availability,
- Indigenous person,
- person with disabilities,
- member of a visible minority,
- immigrant/refugee,
- marital status, dependents
- follow-up information after completion of TES services, including satisfaction with services received, employment status, whether TES services prepared me for future employment, credentials or certifications achieved through TES services, and my earnings.

I agree to provide TES with any changes to my personal information and personal health information in a timely manner.

SECTION 5: CONSENT TO TES OBTAINING INFORMATION ABOUT ME FROM OTHER SOURCES

I consent to TES collecting the following personal information and personal health information, if applicable, about me for the purposes described in section 1 from the persons and bodies listed below and consent to TES providing such information about me as may be necessary to obtain the information TES requires, and I consent to the persons and bodies disclosing the information to TES:

- social insurance number
- full name, telephone number and address,
- e-mail address,
- birth date,
- gender identity,
- details about my progress in TES services,

- employment testing and reports,
- medical reports related to employment,
- EI eligibility status, EI client status, EI claim information,
- language (English or French),
- provincial parental benefits,
- interventions
- indigenous person,
- person with disabilities,
- member of a visible minority,

Persons or bodies:

- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services under contract with TES,
- my schools and educational and training institutions, and
- any Manitoba (MB) government department or agency, or federal government department or agency, that has provided or is providing me with services or assistance, including: Employment and Social Development Canada; Service Canada; MB Health, Seniors and Long-Term Care; MB Housing, Addictions and Homelessness; MB Advanced Education and Training; MB Education and Early Childhood Learning; MB Families; MB Justice; MB Municipal and Northern Relations; MB Indigenous Economic Development; and MB Crown Services

SECTION 6: CONSENT TO TES DISCLOSING MY INFORMATION

I consent to TES disclosing my personal information and personal health information, if applicable, to the following persons and bodies to the extent they need to know the information to carry out the purposes listed above in section 1:

- Employment and Social Development Canada; Service Canada; MB Health, Seniors and Long-Term Care; MB Housing, Addictions and Homelessness; MB Advanced Education and Training; MB Education and Early Childhood Learning; MB Families; MB Justice; MB Municipal and Northern Relations; MB Indigenous Economic Development; and MB Crown Services,
- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services, assistance or support under contract with TES,
- service providers under contract with TES to assess your training and employment needs and record your enrolment in TES services, and
- consultants under contract with TES to conduct research and evaluation of TES services.

SECTION 7: HOW LONG DOES MY CONSENT LAST?

I understand that the consents I have given will not be limited by time.

SECTION 8: CAN I WITHDRAW MY CONSENT?

I understand that I may withdraw my consent at any time by contacting TES in writing. However, I also understand that a withdrawal is not retroactive, and if I withdraw my consent, I will no longer be eligible to receive TES services.

Client Signature

Date

Signature of Authorized Representative,
Parent/Guardian if applicable

Date

Application 2024

Advancing Futures Bursary

Support for youth and young adults in and from care currently attending post-secondary education

Am I Eligible?

To be eligible for the Advancing Futures Bursary, applicants **must** be:

- Resident of Manitoba
- **Currently or previously** in the care of a Manitoba Child and Family Services agency
- A student that attended a recognized post-secondary institution in Manitoba from **September 2023 to May 2024**
- **Current Full-time or Part-time student**

Previous applicants and recipients of Advancing Futures Bursary are eligible to re-apply. Priority will be given to first time applicants.

How Do I Apply?

- Review the Advancing Futures Bursary application.
- Ensure you meet all eligibility requirements outlined above.
- Complete the Advancing Futures Bursary application and consent form.
- Submit your completed application including a copy of your most recent academic transcript (official transcript preferred)
- Provide a cover letter (or include with Section 6 of the application) describing why you chose your post-secondary program, your academic field of study, employment goals, and why the Advancing Future Bursary is required to be successful.
- **NOTE:** First-time applicants are required to provide a letter from their current or previous CFS agency confirming you are or have been a former ward of the agency.

Bursaries up to \$10,000

Based on:

- Demonstrated financial need
- Good academic standing
- Demonstrated career focus

Eligible Programs: Diploma or degree through a recognized post-secondary institution

Apprenticeship Technical Training is NOT eligible

Applications will be reviewed based on the eligibility criteria and availability of funds.

APPLICATION DEADLINE

November 15, 2024

Incomplete applications will NOT be considered

Submit by:

Email: youthpartnerships@gov.mb.ca

Mail: TRAINING AND EMPLOYMENT SERVICES

ADVANCING FUTURE BURSARY
230-800 PORTAGE AVENUE
WINNIPEG MB R3G 0N4

Financial support will be determined based on applicant needs, demand for the bursary and available financial resources

ADVANCING FUTURES BURSARY APPLICATION 2024

Part 1: Personal Information (required)

We want to know who you are and how to contact you if you are awarded a bursary

Name (in full): _____

Date of Birth: _____ Social Insurance Number: _____

Gender Identity: Female Another
 Male Not Declared

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email Address: _____

Employment Status:

I am currently: Working full-time Working part-time Not working

How did you hear about the Advancing Futures Bursary? _____

I have received an Advancing Futures Bursary in the past: Yes No

 If Yes, what year(s)? _____

Declaration

Disability: Yes No Not Declared

Visible Minority: Yes No Not Declared

Indigenous Status: Inuit Metis Status - On Reserve
 Status - Off Reserve Non-status
 None Not Declared

Marital Status: Single Married or Equivalent Not Declared

Dependents: Yes No Not Declared

 If Yes, # of dependents: ____

Immigrant/Refugee: Yes No Not Declared

 If Yes, landing date (year only): _____

Part 2: Child and Family Services History (required)

We need to confirm your involvement with Child and Family Services

Name of Agency: _____

Status with Agency: Currently on an Agreement with Young Adult (AYA)

Former Permanent Ward

Former Temporary Ward

First-time applicants MUST provide a letter from their previous Child and Family Services agency confirming they are a current or former ward of the agency

Location of Agency: _____

Agency Contact Name (optional): _____ Phone: _____

Part 3: Education Information (required)

We want to understand your educational goals

What post-secondary institution are you currently attending? _____

Campus location: _____ What are you studying? _____

How long is your program? _____

How many credit hours have you completed? _____

What year are you in your program? _____

What year do you plan to graduate? _____

Type of Program: Degree Diploma Certificate

You are attending: Full-time Part-time

Part 4: Student Finances (required)

We need to understand your financial needs when awarding the bursary (household income/expense)

What are your total **estimated expenses** during the academic year September 2024 to May 2025?

Item	Amount
Housing	
Rent/Mortgage	
Property Taxes/Insurance	
Utilities/TV/Internet	
Debts	
Student Loan	
Credit Cards and other loan payments	
Other (e.g., child support)	
Transportation	
Car Payments	
Monthly gas and parking	
License/Insurance	
Maintenance/Repairs	
Bus Fare/Pass	
Other	
Food/Groceries	
Child Care	
Clothing (family and self)	
Prescriptions/Dental/Glasses	
Misc. (approx. 10% of monthly costs)	
TOTAL EXPENSES	
Training Costs	
Tuition Fees	
Books	
Supplies	
Student Fees	
Other	
TOTAL TRAINING COSTS	

What is your total **income and/or other support** during the academic year September 2024 to May 2025?

Item	Amount
Employment Insurance (EI) Benefits	
Job Earnings (net)	
Child Tax Benefit	
Employment & Income Assistance	
Worker's Compensation	
Child Support/Spousal Support	
Support from Band/Tribal Council, Indigenous and Northern Affairs, MMF	
Manitoba government support (TES living supports, Student Aid)	
Tuition Waiver	
Bursaries/Scholarships	
Other	
TOTAL INCOME	

Additional Information (required)

Should you be a successful recipient, how do you plan to utilize the funds?

How will receiving the Advancing Futures Bursary impact your success at school?

Would you be interested in participating in a future media event or focus group about Advancing Futures?

Yes No

Part 5: Services and Supports (required)

We want you to know about other supports that may be available to you

Are you eligible for a tuition waiver through your university/college?

- Yes, I am currently receiving a tuition waiver
- Yes, I have applied for a tuition waiver
- No, I am not eligible for a tuition waiver

Please explain why: _____

- No, I don't know about it

Are you aware of the services available to you through Futures Forward?

- Yes, I am currently using these services
- Yes, I have used these services in the past
- No, but I would like more information about Futures Forward
- No, I don't know about Futures Forward

Are you aware of the employment and training services available through the government of Manitoba?

- Yes, I am currently using these services
- Yes, I have used these services in the past
- No, but I would like more information
- No, I don't know about it

Is this your first post-secondary program - if not, what other programs have you completed?

- Yes
- No

If No, please explain: _____

Can we contact you about your experience in applying for the Advancing Futures Bursary?

- Yes
- No

Part 6: Career Plans (required)

We want to know (clearly outline) about your education goals and plans for the future.

Why have you chosen your post-secondary program/field of study?

What are your career goals and why? Please explain how your program of study applies to your career goals.

What supports have you used while you work towards your educational goal? E.g., Family, friends, social worker, support network, etc. Please provide details about how they assist you.

Are there other programs/services that have helped you? (optional)

Is there other information you feel would be helpful for the Selection Committee to know? (optional)

2024 Advancing Futures Bursary

Checklist for Submission

Please ensure that the following information is complete and submitted with your application

All required fields must be complete to submit the form

- Signed Privacy and Consent Form**
- Completed application including all required sections**
 - **Personal Information**
 - **Child and Family Services History**
 - **Educational Information**
 - **Student Finances and additional information**
 - **Services and Supports**
 - **Career Plans**
- Copy of official transcript**
 - Official transcript is preferred - attach to email or include as part of your mailed application
- Copy of letter from your current or previous Child and Family Service agency**
 - For first-time applications

SUBMIT BY EMAIL

youthpartnerships@gov.mb.ca

SUBMIT BY MAIL

TRAINING AND EMPLOYMENT SERVICES
ADVANCING FUTURES BURSARY
230-800 PORTAGE AVENUE
WINNIPEG MB R3G 0N4