



**EMC'S WILWorks Student Work Placement Program (SWPP) - STUDENT INFORMATION FORM**

FIRST AND LAST NAME:

TELEPHONE NUMBER:

PERSONAL EMAIL ADDRESS:

YEAR OF BIRTH:

Gender:  Male  Female  I prefer not to answer

POST-SECONDARY INSTITUTION (PSI):

PROGRAM OF STUDY:

YEAR OF STUDY:

Type of Credential to be Received

Certificate  Diploma  Bachelor's Degree  Master's Degree  Doctorate  Other

STUDENT NUMBER:

Name of Work Placement Coordinator at the PSI:

Email of Work Placement Coordinator at the PSI:

Are you enrolled as a full time or part-time student at a post-secondary education institution?

Yes, I am a full-time student  Yes, I am a part-time student  No, I am not currently enrolled

Are you legally entitled to work in Canada in accordance with relevant provincial or territorial legislation and regulations?

Yes I am      No I am not

Are you a Canadian citizen, permanent resident, or persons to whom refugee protection has been conferred?

Yes I am      No I am not

Are you an international student?

Yes I am      No I am not

**DO YOU SELF-IDENTIFY WITH ANY OF THE FOLLOWING?**

FIRST-YEAR STUDENT:  YES  NO  Decline to answer

INDIGENOUS STUDENT:  YES  NO  Decline to answer

NEWCOMER TO CANADA:  YES  NO  Decline to answer

The WILWorks Program defines *Newcomer to Canada* as landed immigrants who came to Canada within the last five years

PERSON WITH DISABILITY:  YES  NO  Decline to answer

WOMEN IN STEM<sup>^</sup>:  YES  NO  Decline to answer

<sup>^</sup>STEM = Science, Technology, Engineering, Math

VISIBLE MINORITY:  YES  NO  Decline to answer

If yes, please indicate your visible minority group (select all that apply)

Black  Chinese  Filipino  Arab  Latin American  Korean  Japanese

South Asian (e.g., East Indian, Pakistani, Sri Lankan)  West Asian (e.g., Iranian, Afghan)

Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)  Other:

Prefer not to disclose

I attest that all information I have submitted on this Student Information form for Excellence In Manufacturing Consortium's WILWorks Program is true and correct to the best of my knowledge. I understand making a false claim under this program is fraudulent and comes with serious penalties.  Yes

NAME:  DATE:

WORK PLACEMENT COMPANY:

PLACEMENT JOB TITLE:

Information on this form is confidential and will only be used as required by the program.

