



Community Benefits Participant Registration Form

Participant Information		
First Name		Last Name
Street Address		Suite/Unit Number
City/Town	Province	Postal Code
Telephone <input type="checkbox"/> Best way to contact	Email <input type="checkbox"/> Best way to contact	
Age Range <input type="checkbox"/> 16-29 <input type="checkbox"/> 30-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51+	Best time to Contact <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Do you identify yourself with any of the following? (Check all that apply)		
<input type="checkbox"/> Woman <input type="checkbox"/> Youth (age 16-29) <input type="checkbox"/> Black <input type="checkbox"/> Indigenous <input type="checkbox"/> Racialized <input type="checkbox"/> Newcomer <input type="checkbox"/> Veteran <input type="checkbox"/> Caucasian		
Please indicate how you self-identify (select all that apply)		
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Genderqueer / Non-Binary <input type="checkbox"/> Another / Prefer to specify _____ <input type="checkbox"/> I prefer not to respond		
Current Employment Status		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Under-employed <input type="checkbox"/> Social Assistance		
Level of Education		
<input type="checkbox"/> High School Diploma <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Other (Please explain) _____		

Referral Agency or Referral Individual Information (check all that apply)

I was referred by a staff of an organization
Org Name: _____

I was referred by a family member or friend
Name of Person: _____

I was referred by other source
Source: _____

Referral Consent

I grant permission to the City of Brampton to contact me to verify the employment or training that I was offered and my current employment status.

Participant Name (First, Last)	Participant Signature	Date (yyyy-mm-dd)

Alternate formats available upon request, please email accessibility@brampton.ca or complete the [Alternate Format Request form](#) to submit your request.

Personal information is being collected under the authority of the Municipal Act. The information will only be used to communicate with you regarding your inquiry. Questions about this collection may be directed to Service Brampton by calling 311 (within Brampton city limits) or 905.874.2000 (outside city limits). Please review the [City's Privacy statement](#) for more information.