



## 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	
<b>Do you identify yourself with any of the following? (Check all that apply)</b>  <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		
<b>Please indicate how you self-identify (select all that apply)</b>  <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		
<b>Current Employment Status</b>  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Under-employed <input type="checkbox"/> Social Assistance		
<b>Level of Education</b>  <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](mailto: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 participation in the community benefits project. Questions about this collection may be directed to City of Brampton Purchasing Division by calling 905-874-2260 or emailing [purchasing@brampton.ca](mailto:purchasing@brampton.ca) Please review the [City's Privacy statement](#) for more information.