



WIPSI

Trainee Declaration

* Note: This document must be submitted with the final payment request to confirm completion of training.

Participant Name (please print):	Company Name:		
Email:	Telephone Number (with extension):		
Name of Course/Training:	Number of training hours completed:	Training Dates (Day/Month/Year): Start / End	

Statement of Declaration	
<input type="radio"/>	I confirm this information is true and accurate. I have completed the training as per details indicated above; on the date indicated above
Date: _____	
	(dd/mm/yyyy)

About You

Please complete the following section to help us better understand current skills development support depending on age and demographic. This information is used for internal planning purposes only.

- Gender:
 - Male
 - Female
 - Other/X
 - Prefer not to report
- Age:
 - <19
 - 20-24
 - 25-29
 - 30-34
 - 35-39
 - 40-44
 - 45-49
 - 50-54
 - 55-59
 - 60 and over
- Level of education:
 - Less than high school
 - High school diploma or GED
 - Post-secondary (includes trades, college and university)
- Designated Group:
 - Aboriginal Identity
 - Immigrant
 - Persons with Disabilities
 - African Nova Scotian
 - Francophone / Acadian
 - Youth
 - Visible Minority