**Equitable Access to Language Training Program (EALTP) 2.0**

**Purpose of this Initiative:**

Language training barriers for employment equity (EE) groups have adversely impacted recruitment, retention, and career development. Health Canada (HC) and the Public Health Agency of Canada (PHAC) are addressing this systemic barrier by implementing the Equitable Access to Language Training Program (EALTP) 2.0. Aligned with the [Clerk’s Call to Action on Anti-Racism, Equity, and Inclusion (2021)](https://www.canada.ca/en/privy-council/corporate/clerk/call-to-action-anti-racism-equity-inclusion-federal-public-service.html) and the [forward direction message to deputy heads (2023)](https://www.canada.ca/en/privy-council/corporate/clerk/call-to-action-anti-racism-equity-inclusion-federal-public-service/call-to-action-message-to-deputies.html), EALTP aims to reprioritize language training for EE groups to a higher level. This initiative does not create a centralized program or pool of money but rather enables EE group members to share their interest in language training with branch vice-presidents or assistant deputy minister. EALTP is open to all HC and PHAC employees who self-identify as a member of one or more of the following groups: Indigenous Peoples, Black persons, Racialized persons, and/or a person with disability.

**What information is being collected?**

For the purposes of this initiative, this application and consent form gathers information on employment equity and second language competencies. It also provides for employees to confirm their consent for the sharing of information with branch vice-presidents or assistant deputy ministers and any of their staff for the purposes of the program administration.

Although we ask for your consent and self-identification outside of PeopleSoft for the purposes of this initiative, we strongly encourage you to self-identify in PeopleSoft.

**How will we use or share your personal information?**

All information provided in this form will be safely stored and used by the Equity, Diversity and Inclusion Office (EDIO) for the administration of this program. Information provided by applicants, excluding EE related information, will be shared with branch Vice-Presidents / Assistant Deputy Ministers and their executive committees. Under section 8(2)(a) of the Privacy Act, applicant information may also be shared with SWALT for the purposes of assessing language competencies and any other branch representative responsible for the administration of the program within the branch (for example, financial tracking of expenditures and reporting). Employment equity information will not be shared; it will be used for statistical report by EDIO.

**What happens after I submit my application and consent form to EDIO?**

EDIO will triage all submitted applications, create cohort reports for branch Vice-Presidents / Assistant Deputy Ministers and notify employees. Accountability for the program, decision points, employee progress through the admission process, and budget all rest with branch Vice-President / Assistant Deputy Minister. Requests are reviewed on a case by case basis. Action taken must include measures to address bias in decision making, understand the impact of decisions on the mental health of applicants, and use an employee-centric approach to learning and address learning needs.

**Questions About the initiative?**More information on this initiative is available on [MySource](https://mysource.hc-sc.gc.ca/en/ss/my-workplace/official-languages/equitable-access-language-training-program-ealtp) or by contacting the Equity, Diversity and Inclusion Office.

# **Program Application and Consent Form \*\* Protected B once completed \*\***

Please submit your completed forms to the Equity, Diversity and Inclusion Office.

Name (please provide your name as it appears in your Peoplesoft: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_HC \_\_\_\_ PHAC

Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupational Group and Level: \_\_\_\_\_\_\_\_

**Employment Equity Information:**

Are you a part of an employment equity group? [ ]  Yes [ ]  No

To which group do you belong:

[ ]  Person with Disability

* Do you require accommodation Yes \_\_\_\_ No \_\_\_\_
* Do you have a GC passport Yes \_\_ No \_\_\_

[ ]  Indigenous Peoples

[ ]  Black Persons

[ ]  Racialized Persons

**Official Languages Information:**

Are you currently registered in language training: [ ]  Yes [ ]  No

First Official Language: [ ]  English [ ]  French

Have you been tested for proficiency in your second language [ ]  Yes [ ]  No

Second Language Results. \*\*\*Please provide a copy of your most recent second language evaluation results\*\*\*:

Test of reading comprehension [ ]  X [ ]  A [ ]  B [ ]  C [ ]  E

Expiry Date if applicable (YYYY/MM/DD): \_\_\_\_\_/\_\_\_/\_\_\_\_

Test of written expression: [ ]  X [ ]  A [ ]  B [ ]  C [ ]  E

Expiry Date if applicable (YYYY/MM/DD): \_\_\_\_\_/\_\_\_/\_\_\_\_

Test of oral proficiency: [ ]  X [ ]  A [ ]  B [ ]  C [ ]  E

Expiry date if applicable (YYYY/MM/DD): \_\_\_\_\_/\_\_\_/\_\_\_\_

I, consent to participate in the Equitable Access to Language Training Program. I have understood the nature of this initiative, the information being collected and how it will be used and I wish to participate. My signature below indicates my consent.

**Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**