Ministry of Labour, Training and Skills Development Service Provider Registration Authority (SPRA) EOIS Registration

The information collected in this application is used for:						
 assigning to you the role of Service Provider Registration Authority (SPRA) providing access to the Employment Ontario Information Systems (EOIS) to: 						
 set-up access for staff as set out in your organization's agreement with the Ministry of Labour, Training and Skills Development (Ministry) and in accordance with the terms and conditions set out below manage client cases within EOIS-CaMS create, view and update Ontario Youth Apprenticeship Program (OYAP) client records and other information with the EOIS-APPR that the ministry requires manage Transfer Payment Agreements within Service Provider Connect (SP Connect) 						
In order to authenticate your identity, you must provide three pieces of identification to the Ministry's Local Registration Authority (LRA) at the time of your face to face meeting.						
Note: S.I.N. and Ontario Health cards will not be accepted as authentication of identity.						
Must select one box:	□ Up	date Existing U	ser			
Please indicate the application(s) this request	t is related to:					
☐ EOIS-APPR ☐ EOIS-CaMS	□ EC	OIS-SP Connec	t			
Please assign the following SP Connect role Service Provider Submission Authority (SF	• • • • • • • • • • • • • • • • • • • •	if applicable): ervice Provider /	Admin (SPA)			
☐ Service Provider Submission Authority (Si	,		Enhanced Authority (SPEA)			
Section 1: Applicant Information	, 00	TVIOCT TOVIGET I				
First Name:	Initial	Last Name:				
Position/Title:	Service Provider Organization Name:					
Work Address:	City:		Postal Code:			
Work Address: (line 2)	Work Telepho	one Number:	Extension:			
Work e-mail address (Note: e-mail received at this address must be accessible only to you):						
Challenge Question/Answer:						

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Section 2: SPRA Terms and Conditions

Security

- 1. I will take all reasonable measures to:
 - a. protect my EOIS Enrolment Number and PIN including, but not limited to, refraining from sharing my EOIS Enrolment Number or PIN;
 - b. prevent the loss, disclosure, modification, and unauthorized use of my EOIS Enrolment Number and PIN; and
 - c. control access to computers or devices containing my EOIS Enrolment Number and PIN.

Use and Reliance

- 2. I will use my EOIS Enrolment Number and PIN to access EOIS for the sole purpose of managing the Service Provider's staff user accounts and providing services to clients in accordance with the Service Provider's agreement with the Ministry and the system rights granted to me according to my assigned EOIS user roles.
- 3. I will only access EOIS if it is necessary and proper in my employment duties and in accordance with the Service Provider's agreement with the Ministry and the system rights granted to me according to my assigned EOIS user roles.
- 4. I will take all reasonable measures to ensure that accurate information is recorded in EOIS.
- 5. I will not:
 - a. interfere with or disrupt EOIS:
 - b. attempt to gain unauthorized access to EOIS, the Enrolment Number or PIN of others; or
 - c. use EOIS in any manner whatsoever that could disrupt the normal flow of Ministry business.
- 6. I will immediately cease accessing EOIS if no longer required for my employment duties or if I cease employment with the organization.

Protection of Client Privacy

- 7. I will protect the privacy of the service provider's OYAP clients in accordance with the Service Provider's privacy policy and its agreement with the Ministry.
- 8. Before accessing the EOIS, I will:
 - a. participate in the privacy training that the Service Provider is obligated to provide; and b. sign a confidentiality agreement with the Service Provider to protect client privacy in accordance with the Service Provider's privacy policy and its agreement with the Ministry.
- 9. I will take all reasonable measures to ensure that I and other Service Provider staff do not collect, use, disclose or dispose of personal information contained in the EOIS for any purposes other than those set out in these Terms and Conditions.

Obligation to Provide Notice

- 10. I will notify the local Ministry office immediately if:
 - a. I have any reason to believe that the EOIS Enrolment Number and/or PIN of anyone in my organization is or may have been compromised or considered insecure; or
 - b, anyone attempts to gain unauthorized access to EOIS, the Enrolment Number or PIN of others; or
 - c. any of my identification and authentication information, or my contact information set out in Section 1, has changed or becomes otherwise incomplete or inaccurate; or
 - d. I cease employment with the Service Provider or my job changes such that access to the EOIS is no longer necessary and proper.

Monitoring and Auditing

11. The Ministry may monitor and audit my use of the EOIS, including all transactions made on client and user files, my use of Ministry forms and my retrieval of Service Provider reports.

Breach of Terms and Conditions

12. I will cooperate with the Ministry and its contractors or auditors in any investigation into a breach of these Terms and Conditions and the privacy and security provisions of the Service Provider's agreement with the Ministry.

Revocation of Access to EOIS

13. The Ministry may revoke my access to EOIS for any reason, including a breach of these Terms and Conditions, without notice to me and without liability to me.

Modification of Terms and Conditions

14. These terms and conditions may be amended from time to time by the Ministry upon notice to me and the Service Provider and such changes will be posted at Employment Ontario Partners' Gateway.

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Section 2: SPRA Terms and Conditions

Notice of Collection

The personal information you provide on this form is necessary for the purpose of issuing you an EOIS Enrolment Number and PIN and authorizing you as an EOIS Service Provider Registration Authority. The information will be used to verify your identity and ensure that the EOIS Enrolment Number and PIN correctly identifies you and no one else. The personal information on the form will not be used or disclosed for any other purpose, unless authorized or required by law and will be retained by the Ministry for 7 years beyond the date the user's account is closed. The personal information is collected in compliance with s. 38(2) of the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.F.31, as amended. If you have any questions about the collection and use of your personal information, please contact the Service Delivery Manager at your local Ministry office.

I (the Applicant) declare that I have read and understood the "SPRA Terms and Conditions" section of this form and agree to be bound by it. The Ministry LRA and I have also reviewed together the "SPRA Terms and Conditions" to ensure that I understood all requirements. I declare that I have provided my original identifying documents and that all information contained in the documents and in the form is true.

SPRA Applicant Signature	Date (dd/mm/yyyy)
(must be signed in the presence of the Ministry Authenticating LRA)	, , , , , , , , , , , , , , , , , , , ,
x	
Section 3: Declaration of Service Provider Representative (cannot the SPRA Applicant)	be completed by
I have read and understood the SPRA Terms and Conditions. On behat that I approve and request that the named individual in Section 1 of this SPRA role and access to EOIS. The Service Provider assumes full res SPRA with the SPRA Terms and Conditions. By signing below, I confirt the Service Provider to these SPRA Terms and Conditions.	s application form be given the ponsibility for the compliance of the
Full name of Service Provider's Representative:	
•	
Position/Title of Service Provider's Representative:	
Signature	Date: (dd/mm/yyyy)
(must be signed only after Section 1 is completed)	
X	
Section 4: Authentication of Applicant's Identity (to be completed	by the Authenticating LRA)

The applicant must provide three (3) pieces of identification including two (2) primary documents (at least one of the primary documents must contain a photograph) and one secondary document. All identification documents must be originals (no copies).

Note: S.I.N. and Ontario Health cards will not be accepted as authentication of identity.

Document	Document Description	Full Name of Applicant on Document	LRA Initials
1st Primary			
Document			
2nd Primary			
Document			
Secondary			
Document			

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Section 5: Declaration of the Authenticating LRA				
I confirm that I currently have the LRA designation for the Ministry in the GO-PKI security system. I have met with the applicant who is requesting the SPRA role and access to EOIS, have reviewed together the "SPRA Terms and Conditions" and have confirmed that the applicant understood all requirements. I was present when the applicant signed this form, have viewed his/her identification documents including a document with a photo of the applicant and have provided the applicant with a copy of this completed form.				
I am satisfied that the true identity of the applicant is reflected in the ider recorded in Section 4 of this form.	ntification documents that I have			
Full name of LRA:				
Work e-mail address				
Signature	Date (dd/mm/yyyy)			
x				

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 $^{^{\}star}$ Once completed, please forward to your Resources and Planning Unit for SPRA setup.