



<b>FOR OFFICE USE ONLY</b>	
Projects: C <input type="checkbox"/>	E <input type="checkbox"/>
SB <input type="checkbox"/>	BL <input type="checkbox"/> SH <input type="checkbox"/> JT <input type="checkbox"/>

**CLIENT REGISTRATION FORM**

**PERSONAL DATA**

<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth</b> (dd/mm/yy)	<b>Gender:</b>
<b>Address ( Number &amp; Street )</b>	<b>Apt. No.</b>	<b>City</b>	<b>Province</b>
<b>Telephone Number</b>	<b>Message Number</b>	<b>Social Insurance Number</b>	
<b>Email Address:</b>			
<b>Are you in receipt of</b>	Employment Insurance <input type="checkbox"/>	Canadian Pension Plan <input type="checkbox"/>	
	Social Assistance <input type="checkbox"/>	No Income <input type="checkbox"/>	
	Other (please list) <input type="checkbox"/>		
<b>Social Assistance Office</b> _____ <b>OW Caseworker Name / Number:</b> _____			
<b>For Employment Insurance, who is your Employment Counsellor?</b> _____			
<b>Have you collected Employment Insurance in the past three years?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Have you collected Maternity or Parental Benefits in the Past five years?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>How long have you been unemployed?</b>		Months _____	or Years _____
<b>How long ago was it when you accessed a training program?</b>		Months _____	or Years _____
<b>Please list the type of training you have taken</b> _____			
<b>Are you a Post-Secondary student:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Year Graduated HS:</b> _____ <b>OSSD</b> <input type="checkbox"/> <b>GED</b> <input type="checkbox"/>			
<b>Have you ever been convicted of a criminal offence for which a pardon has not been granted:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Housing:</b> Rent: <input type="checkbox"/> Home Owner: <input type="checkbox"/> Transitional Housing: <input type="checkbox"/> Agency: _____ Shelter: <input type="checkbox"/> Agency: _____			

**CHARACTERISTICS**

<b>Language Spoken</b>	<b>Language Written</b>
English <input type="radio"/> French <input type="radio"/>	English <input type="radio"/> French <input type="radio"/>
Other <input type="radio"/> _____	Other <input type="radio"/> _____
<b>Do you consider yourself</b>	Status On-reserve <input type="radio"/> Status Off-reserve <input type="radio"/> Non-status <input type="radio"/>
	Inuit <input type="radio"/> Metis <input type="radio"/>
Status Card Registry Number (10 digits): _____	
First Nations Band _____ Province _____	
<b>Referred By</b>	Source _____ Contact Person _____ Telephone _____
<b>Marital Status</b>	Number of Dependents _____
Single <input type="radio"/> Married or equivalent <input type="radio"/>	
<b>A person with a disability is one who, because of a long term or recurring physical or mental condition experiences difficulties in carrying out the activities of daily living.</b>	
Do you require any accommodation in the workplace resulting from a disability as defined above.	
Yes <input type="radio"/> No <input type="radio"/>	
If yes, please describe requirement: _____	
Service Provided By _____ Telephone Number _____	
<b>Transportation</b>	Driver's License Type _____ Access to Transportation <input type="radio"/> Willing to Relocate <input type="radio"/>