



FOR OFFICE USE ONLY	
Projects: C <input type="checkbox"/>	E <input type="checkbox"/>
SB <input type="checkbox"/>	BL <input type="checkbox"/> GS <input type="checkbox"/> ____ <input type="checkbox"/>

CLIENT REGISTRATION FORM

PERSONAL DATA

Last Name				First Name				Date of Birth (dd/mm/yy)				Gender:					
Address (Number & Street)						Apt. No.			City			Province			Postal Code		
Telephone Number						Message Number						Social Insurance Number					

Email Address: _____

Are you in receipt of
 Employment Insurance Canadian Pension Plan
 Social Assistance No Income
 Other (please list) _____

Social Assistance Office _____ OW Caseworker Name / Number: _____

For Employment Insurance, who is your Employment Counsellor? _____

Have you collected Employment Insurance in the past three years? Yes No
 Have you collected Maternity or Parental Benefits in the Past five years? Yes No

How long have you been unemployed? Months _____ or Years _____
 How long ago was it when you accessed a training program? Months _____ or Years _____

Please list the type of training you have taken _____

Are you a Post-Secondary student: Yes No Year Graduated HS: _____ OSSD GED

Have you ever been convicted of a criminal offence for which a pardon has not been granted: Yes No

Housing: Rent: Home Owner: Transitional Housing: Agency: _____ Shelter: Agency: _____

CHARACTERISTICS

Language Spoken English <input type="radio"/> French <input type="radio"/> Other <input type="radio"/> _____		Language Written English <input type="radio"/> French <input type="radio"/> Other <input type="radio"/> _____	
Do you consider yourself 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 _____			
Referred By Source _____ Contact Person _____ Telephone _____			
Marital Status Single <input type="radio"/> Married or equivalent <input type="radio"/>		Number of Dependents _____	
<p>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.</p> <p>Do you require any accommodation in the workplace resulting from a disability as defined above. Yes <input type="radio"/> No <input type="radio"/></p> <p>If yes, please describe requirement: _____</p> <p>Service Provided By _____ Telephone Number _____</p>			
Transportation Driver's License Type _____ Access to Transportation <input type="radio"/> Willing to Relocate <input type="radio"/>			